

# The Stanmore 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

<b>Overall rating for this service</b>	<b>Inadequate</b> 
Are services safe?	<b>Inadequate</b> 
Are services effective?	<b>Requires improvement</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Inadequate</b> 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of The Stanmore Medical Centre on 4 February 2015. We rated the practice as 'inadequate' for the service being safe, 'requires improvement' for the service being effective, 'good' for the service being caring and responsive to people's needs and 'inadequate' for the service being well-led. We rated the practice as 'inadequate' for the care provided to older people, people with long term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances and people experiencing poor mental health (including people with dementia).

We gave the practice an overall rating of 'inadequate'

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

- Patients said staff were caring, considerate and helpful. They said staff treated them with dignity and respect.
- Patients said the GPs and nurses were good at explaining tests and treatment and involved them in decisions about their care and treatment.
- The needs of the local population were understood and the practice provided services to meet them.
- We found inadequate systems and processes to identify, assess and manage risk in relation to medicine management, infection control, security of medical records, recruitment and general health and safety.
- We found inadequate maintenance of the premises and equipment.

The areas where the provider needs to make improvements are;

Importantly, the provider must:

- Ensure the necessary pre-employment checks are completed on all staff.

# Summary of findings

- Ensure emergency medicines are obtained appropriately.
  - Introduce effective systems to assess the risk of and to prevent, detect and control the spread of health care associated infections.
  - Maintain appropriate standards of cleanliness and hygiene in relation to the premises.
  - Introduce adequate systems and processes to manage and monitor risks to patients, staff and visitors to the practice in relation to health and safety.
  - Ensure patients, staff and visitors are protected against the risks associated with unsafe or unsuitable premises by means of adequate maintenance of the premises and equipment.
  - Ensure paper medical records are stored securely.
  - Ensure systems are in place to provide reassurance that all safety alerts are acted on and in a timely manner.
  - Share learning from incidents with all staff where appropriate.
  - Provide staff with accredited training in safeguarding children and vulnerable adults.
  - Update the business continuity plan and ensure it is accessible to staff.
  - Ensure audit cycles are completed to demonstrate improved outcomes for patients
- Carry out cervical screening audits in line with the Royal College of Nursing (RCN) guidance.
  - Provide staff with training in mandatory topics and ensure training is monitored and records kept on site.
  - Introduce job descriptions for staff which outline their roles and responsibilities.
  - Provide staff with training in consent and the Mental Capacity Act 2005.
  - Formulate a clear vision for the practice and a strategy to deliver it. Ensure staff know their responsibilities in relation to it.
  - Ensure all key policies are in place to govern activity in the practice and accessible to staff.
  - Formalise a clear leadership structure and ensure staff are aware of their level of responsibility.
  - Introduce meetings to include the whole practice team.

On the basis of the ratings given to this practice at this inspection. I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

In addition the provider should:

- Ensure the oxygen cylinder is refilled and in working order.

**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 inadequate for providing safe services and improvements must be made.

Patients were at risk of harm because inadequate systems and processes were in place to identify and mitigate risk. Areas of concern we found included medicine management, infection control, security of medical records, recruitment, monitoring safety and responding to risk. Significant concerns were raised around the cleanliness of the practice and other risks to patients health and safety associated with the environment. There were no health and safety risk assessments in place to include fire, Legionella, infection control and the general environment.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services as there are areas where improvements should be made.

Staff used guidance from the National Institute for Health and Care Excellence (NICE) and local commissioners to improve patient outcomes. The practice worked with other health care professionals to provide care for patients with complex needs. Clinical audits had been carried out resulting in changes to clinical practice however, audit cycles were not completed to drive improvement in performance to improve patient outcomes. Not all clinical staff were able to demonstrate a clear understanding of the Mental Capacity Act 2005 and its appropriate use and there were gaps in mandatory trainings for staff. Cervical screening audits were not being carried out in line with the Royal College of Nursing (RCN) guidance.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

Data showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in their care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness, respect and dignity.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Staff understood the needs of the local population and prioritised patients accordingly. A range of appointments were available at times to meet patients' specific needs. Home visits and telephone

Good



# Summary of findings

consultations were also available. The practice had a long standing team with some staff having up to 19 years of service which enabled good continuity of care. There were systems in place to manage complaints and concerns and the system was working effectively.

## **Are services well-led?**

The practice is rated as inadequate for being well-led and improvements must be made.

The practice had a vision however there was no strategy to deliver this. Staff we spoke with were not clear about their responsibilities in relation to this. There was no clear leadership structure in place. Staff had lead roles for specific areas however these were not always clear to all staff. The practice had some policies and procedures to govern activity, however certain key policies were missing. The practice did not have adequate arrangements for identifying, recording and managing risks. The practice sought feedback from staff or patients and had a patient participation group (PPG). Staff received regular appraisals.

**Inadequate**



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider is rated as inadequate for the population group of older people.

The practice provided care for seven nursing and care homes each of which had an allocated GP. The practice offered telephone advice and support for care home staff to manage older patients needs. The practice was involved in a local pilot working with the local care home support team to review prescribing and improve outcomes for older patients. The practice held monthly meetings with the district nurse to plan care for older patients with more demanding needs.

The provider was rated as inadequate for safety and well-led. The concerns that led to these ratings apply to everyone using the practice, including this population group.

Inadequate



### People with long term conditions

The provider is rated as inadequate for the population group of people with long-term conditions.

The practice nurses carried out long-term condition reviews under the guidance and support of the GPs. The practice had achieved above the local and national averages for their Quality and Outcomes Framework (QOF) performance in 2013/14 for a number of long-term conditions. The practice provided flu vaccinations for at risk groups which included those patients with long-term conditions.

The provider was rated as inadequate for safety and well-led. The concerns that led to these ratings apply to everyone using the practice, including this population group.

Inadequate



### Families, children and young people

The provider is rated as inadequate for the population group of families, children and young people.

The practice provided weekly antenatal clinics which were supported by the local midwife. The practice attended monthly meetings with the health visitor to discuss and highlight vulnerable patients including safeguarding issues and any other concerns. Alerts were added to the records of children on the “at risk” register so these patients could be identified by any member of staff. The practice provided primary care services to 800 teenagers at a local private boarding school. The practice provided the full range of childhood immunisations.

Inadequate



# Summary of findings

The provider was rated as inadequate for safety and well-led. The concerns that led to these ratings apply to everyone using the practice, including this population group.

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

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

The practice provided a weekly extended hours evening clinic until 20:00 and an alternate Saturday morning clinic from a branch practice located nearby. New patients could register and have health checks outside of working hours during the Saturday morning clinics. Patients were offered same day telephone consultations with a GP if they were unable to attend the practice and could request a call back from a specified GP within five working days.

The provider was rated as inadequate for safety and well-led. The concerns that led to these ratings apply to everyone using the practice, including this population group.

**Inadequate**



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

The provider is rated as inadequate for the population group of people whose circumstances may make them vulnerable.

The practice added alerts to the medical records of any identified vulnerable patients, and these were visible to all practice staff. The practice held a register of patients with learning disabilities and offered them annual physical health checks. Interpreter services were available for patients who did not speak English as their first language and sign language services for those who were hard of hearing.

The provider was rated as inadequate for safety and well-led. The concerns that led to these ratings apply to everyone using the practice, including this population group.

**Inadequate**



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

The provider is rated as inadequate for the population group of people experiencing poor mental health (including people with dementia).

The practice provides care to patients with dementia living in local care homes. The practice held a register of patients experiencing poor mental health and had developed care plans to plan effective care and treatment for them. At the time of our inspection 80% of patients on the register had a care plan in place.

**Inadequate**



# Summary of findings

The provider was rated as inadequate for safety and well-led. The concerns that led to these ratings apply to everyone using the practice, including this population group.

# Summary of findings

## What people who use the service say

We spoke with three patients during the course of our inspection and reviewed 17 completed Care Quality Commission (CQC) comment cards where patients and members of the public had shared their views and experiences of the service. We also reviewed the Patient Participation Group (PPG) analysis of the practice's annual patient survey where 354 patients responded, and the 2014 national GP patient survey where 121 patients responded. Patient feedback during our inspection and feedback from CQC comment cards was consistently positive about the practice. Patients said staff were caring, considerate and helpful. They said that reception staff were polite and treated them in a respectful manner. Patients said the clinical staff were very professional and

treated them with dignity and respect. However, patients did feedback that it was sometimes difficult to get through on the phone to make an appointment. The results of the national GP patient survey 2014 were mixed. The practice scored above the local CCG average for a number of areas including the GPs giving patients enough time, listening to them and the nurses treating them with care and concern. However, there were some areas where the practice could improve. These included the ease of getting through on the phone, seeing a preferred GP and the overall experience of making an appointment. Feedback from the PPG annual survey showed that access by phone had improved since the previous survey.

## Areas for improvement

### Action the service MUST take to improve

Ensure the necessary pre-employment checks are completed on all staff.

Ensure emergency medicines are obtained appropriately.

Introduce effective systems to assess the risk of and to prevent, detect and control the spread of health care associated infections.

Maintain appropriate standards of cleanliness and hygiene in relation to the premises.

Introduce adequate systems and processes to manage and monitor risks to patients, staff and visitors to the practice in relation to health and safety.

Ensure patients, staff and visitors are protected against the risks associated with unsafe or unsuitable premises by means of adequate maintenance of the premises and equipment.

Ensure paper medical records are stored securely.

Ensure systems are in place to provide reassurance that all safety alerts are acted on and in a timely manner.

Share learning from incidents with all staff where appropriate.

Provide staff with accredited training in safeguarding children and vulnerable adults.

Update the business continuity plan and ensure it is accessible to staff.

Ensure audit cycles are completed to demonstrate improved outcomes for patients.

### Action the service SHOULD take to improve

Ensure the oxygen cylinder is refilled and in working order.

Carry out cervical screening audits in line with the Royal College of Nursing (RCN) guidance.

Provide staff with mandatory training and ensure staff training is monitored and records kept on site.

Introduce job descriptions for staff which outline their role and responsibilities.

Provide staff with training in consent and the Mental Capacity Act 2005.

Formulate a clear vision for the practice and a strategy to deliver it. Ensure staff know their responsibilities in relation to it.

Ensure all key policies are in place to govern activity in the practice and accessible to staff.

# Summary of findings

Formalise a clear leadership structure and ensure staff are aware of their level of responsibility.

Introduce meetings to include the whole practice team.

# The Stanmore Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a CQC inspection manager and a GP who was granted the same authority to enter registered persons' premises as the CQC inspector.

## Background to The Stanmore Medical Centre

The Stanmore Medical Centre is situated at 85 Crowshott Avenue, Stanmore, Middlesex, HA7 4FZ. The practice provides primary care services through a Personal Medical Services (PMS) contract to 13300 patients living within Stanmore and the surrounding area. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Harrow Clinical Commissioning Group (CCG) which comprises 34 GP practices. The registered patients are widely representative of most age groups. The practice provides care for a local private boarding school and has over double the national average of male patients between the ages of 15 and 19 years. The practice also provides care for eight nursing and care homes. The Stanmore Medical Centre is also an approved training practice providing training opportunities for trainee GPs and medical students from London universities. The practice staff comprise of three GP partners (2 male and 1 female), four salaried GPs, two practice nurses, phlebotomist, health care assistant, practice manager and a large team of reception/administration staff. The practice opening hours are 8:00 to 18:30 Monday to Friday. Appointments are also available at the practice's branch

surgery located nearby where extended hours are available on Tuesday evenings and alternate Saturday mornings. Patients are referred to NHS 111 services for out-of-hours care.

The service is registered with the Care Quality Commission to provide the regulated activities of

diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice offers a range of services including cervical screening, contraceptive services, child health surveillance, family planning and sexual health, maternity services, joint injections, vaccinations and immunisations and cryotherapy. The practice also provides a number of enhanced services including childhood immunisations, contraceptive coil and implant fitting, management of patients with diabetes, prostate cancer injection therapy and flu vaccinations.

The CQC intelligent monitoring placed the practice in Band one. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

## 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

# Detailed findings

part of our regulatory functions. This 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. This provider had not been inspected before and that was why we included them.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 February 2015. During our visit we spoke with a range of staff including three GPs, a GP trainee, two practice nurses, the practice manager and three reception/administration staff. We spoke with three patients who used the service. We reviewed 17 comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record

The practice had used some information to identify risk and improve quality in relation to patient safety. For example, reported incidents and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents. The practice had a template for recording safety incidents. We reviewed four incidents that had occurred over the last year. The details of each incident had been logged, action taken, and suggestions to prevent recurrence recorded. For example, one incident involved the vaccine fridge which had been found to be switched off at the power supply. The vaccines were disposed of, replaced and measures put in place to prevent recurrence.

We were shown a summary of significant events that had occurred over the previous year. There had been four which were investigated appropriately. This showed that the practice could demonstrate a safe track record over this period of time.

During the inspection we asked to see the system in place for disseminating and acting on safety alerts received from external agencies such as the NHS and the National Patient Safety Agency (NPSA). We were told that safety alerts received by email were dealt with by the clinical staff directly. However, although the GPs were able to describe examples of specific medicine alerts that had been acted on, there was no system in place to ensure that all safety alerts were acted on and therefore important safety alerts had the potential to be missed.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events and incidents. The practice held records of significant events that had occurred over the previous year. The GPs told us that learning from significant events was shared in clinical meetings. We saw clinical meeting minutes which showed that this was the case. For example, one incident involved a medication error during pregnancy which was discussed and recorded in the meeting minutes. However, we did not see examples of incidents that had been shared widely with other staff outside of the clinical team.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Staff were able to outline how to recognise some signs of abuse in vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible. The senior GP partner was the lead who took responsibility for safeguarding vulnerable adults and the female GP partner was the lead responsible for safeguarding children. We were provided with certificates which showed that all GPs had completed up to date training to Level 3 in safeguarding children. The senior GP partner told us that he provided in house training for staff using the Royal College of General Practitioners (RCGP) safeguarding children toolkit. However, there was no records to confirm this training had indeed taken place and no records of vulnerable adults training for any staff.

The practice had a chaperone policy which detailed who could act as one and the procedures to follow. Posters were displayed in the waiting area informing patients of the chaperoning service. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The practice manager told us that staff had received training in chaperoning including both clinical and non-clinical staff. However, the practice had not completed criminal checks via the Disclosure and Barring Service (DBS) or risk assessments for non-clinical staff including those carrying out chaperoning duties.

### Medicines management

The practice must improve its management of medicines. We checked the stock of the practice's emergency medicines and found they had been obtained through prescriptions written for patients and not obtained directly from a medicine supplier. This represented a breach of the regulations for obtaining medicines. We discussed this with the senior GP who told us that they were not aware that this was bad practice but would not do this in the future.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. The nurses we interviewed were clear on the required temperatures vaccines should be stored at and were able to describe the

## Are services safe?

correct action to take in the event of a potential failure. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. The practice did not hold stocks of controlled drugs.

### **Cleanliness and infection control**

The practice's infection control procedures were inadequate. We noted that the nurses room on the ground floor was visibly unclean. We found a bowl under the consultation couch containing dirt and hair. The consultation couch was torn and there was a hole in the floor both of which could encourage potential sources of cross-infection. We saw that there were cobwebs on the walls and ceiling although the cleaners checklist showed that the high level walls had been cleaned. The practice manager told us that the privacy curtains in the consultation rooms were deep cleaned on a regular basis however this could not be evidenced during our inspection. We checked two other consultation rooms and noted in one room a torn consultation couch which could pose potential cross-infection risks. We also found the carpets throughout the practice were worn and visibly unclean. We found that the specimen fridge located outside the nurses room in the ground floor corridor was unlocked and accessible to patients increasing the risks of cross-infection. We also found that all clinical areas of the practice were cluttered, soap and paper hand towels were not wall mounted and they were in contact with surfaces. We found that there was no soap available in one of the consultation rooms. We did find personal protective equipment available including disposable gloves.

The practice could not provide us with an infection control policy and there were no written procedures for cleaning the practice or to evidence how clinical areas were cleaned between patients. There were no records of infection control training and staff members we interviewed told us they had not received infection control training since they started working for the practice. The practice manager told us the nurse was the lead for infection control however the nurse was not aware of their responsibility.

We asked to see the latest infection control audit and were told by the practice manager and nurse that no audits had been carried out to monitor infection control standards.

There was no documentation showing that infection risks had been assessed and were being monitored by the practice and we were not provided with an explanation as to why this was the case.

The practice had not carried out a risk assessment for Legionella (a germ found in the environment which can contaminate water systems in buildings) in accordance with national guidance. The practice manager told us that she did not understand why they should carry out their own assessment because the premises did not have a water tank.

### **Equipment**

Staff told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw evidence of calibration of relevant equipment completed in the previous twelve months. For example weighing scales, fridge thermometers, blood pressure monitors and vaccine fridges. However, the practice could not provide records of portable electrical equipment testing (PAT) to ensure equipment was safe for use.

### **Staffing and recruitment**

We looked at the recruitment records of a cross section of staff. The records showed that recruitment checks had not been systematically carried out. For example, we checked the records of the two practice nurses and found no evidence of criminal checks via the Disclosure and Barring Service (DBS) or references for one of the nurses. We found no references for the phlebotomist or a member of reception staff. The practice had not carried out criminal checks for any of the non-clinical staff and there were no risk assessments in place to mitigate risks. We also found there was no system in place to monitor the professional registration status of the practice nurses to ensure they maintained their registration.

We were told that there were enough staff to keep patients safe and we saw there was a rota system in place for all the different staffing groups to ensure there were enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave and periods of sickness.

The practice did not use locum agencies at the time of our inspection.

## Are services safe?

### Monitoring safety and responding to risk

The practice had inadequate systems and processes in place to manage and monitor risks to patients, staff and visitors to the practice in relation to health and safety. During our inspection we found a number of risks relating to health and safety. We found a hole in the floor in the nurses room and worn carpets throughout the practice. We found other areas of the environment in need of repair. There was visible signs of damp on the walls and areas of the walls where plaster had fallen off. We noted that areas of the practice were kept unlocked and were easily accessible to children and other vulnerable patients. These areas included a room containing a nitrogen gas cylinder, the specimen fridge and a boiler room connected to the patient toilet. We also found excessive storage of paper medical records which posed a potential fire risk. We asked how risks were identified and managed within the practice and we were told there was no system in place to identify and manage risks within the practice. We were told there were no health and safety risk assessments available to include fire, Legionella, infection control and the general environment.

There was no records of recent fire extinguisher servicing or safety testing of portable electrical appliances and no records to show that fire drills were rehearsed to monitor the effectiveness of the fire evacuation procedure. We found that the cleaning of the premises was not monitored to ensure cleaning tasks were completed to an acceptable standard.

We found patients medical records stored throughout the practice which posed a risk to the confidentiality of patients personal and sensitive information. For example, records were stored in an unlocked filing cabinet located in the first floor corridor of the practice and in a cupboard on the second floor of the practice which although had a sign displayed informing of restricted access the door remained unlocked. Both locations could be potentially accessed by patients or other members of the public.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage medical emergencies. We saw records showing all staff had received training in basic life support in the previous twelve months in accordance with the Resuscitation Council (UK) guidelines. Emergency equipment was available including access to an oxygen cylinder. All staff asked knew the location of this equipment and records we saw confirmed these were checked weekly. The practice had an automated external defibrillator (used to attempt to restart a person's heart in an emergency) which was also checked weekly. We checked the oxygen cylinder and found it was empty. We discussed this with the GPs who said the oxygen cylinder had been empty for some time because they were having difficulties purchasing a new one.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of anaphylaxis (severe allergic reaction) and angina (chest pains caused by reduced blood flow to the heart). Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. However, we found packaged needles that had gone past their expiry dates.

A business continuity plan was in place to deal with a range of emergencies that could impact on the daily operation of the practice. However, the plan was kept at the branch practice and was therefore not accessible to staff working at the main site. The practice manager had brought it from the branch practice for the purpose of our inspection. We noted that it contained the relevant contact numbers for staff to refer to such as the gas and electricity companies. However, we found that the plan was not up to date as it had not been reviewed since 2009.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs we spoke with could outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE) and local commissioners. Guidelines were accessible via the computer system for staff to view and updates were discussed amongst the GPs at clinical meetings. The GPs told us guidelines were discussed in clinical meetings and this was confirmed by the meeting minutes we reviewed.

All the GPs were up to date with their continual professional development. We found from our discussions with the GPs that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

The practice was following prescribing guidance provided by the North West London formulary. The guidance was accessible via the computer system and the GPs referred to the guidance during consultations when prescribing. The senior GP was the chair of the local Clinical Commissioning Group (CCG) medicine committee and discussed with us the practice's high prescribing of antibiotics that were not considered first line choice in general practice. The senior GP said that antibiotic prescribing was directly influenced by recommendations made by the microbiology laboratory when samples were sent to them for analysis. However, this was not evidenced by any systematic review or clinical audit.

The practice had low referrals to accident and emergency and other departments compared to other local practices. The senior GP said this was because the GPs peer reviewed each other's referrals to ensure they were appropriate which had led to an overall reduction in referral rates. However, the practice did have a high rate of orthopaedic referrals which the senior GP said was a result of sports injuries in the pupils who attend a local private school which the practice provided care for.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

The practice had achieved 94% in their Quality and Outcomes Framework (QOF) performance in 2013/14 which was slightly above both the local CCG and national averages and had achieved 88% in the clinical domains so far in 2014/15. The QOF is a system to remunerate general practices for providing good quality care to their patients. The QOF covers four domains; clinical, organisational, patient experience and additional services.

The practice undertook clinical audit. The practice had carried out eight audits in 2014. These included audits of medicine wastage, repeat prescribing, nutritional products, medicine prescribing and prostate cancer injection therapy. Each audit had resulted in a change to clinical practice. However, we did not see evidence of completed audit cycles in that audits had been repeated to measure improvements in patient outcomes. We also found that the practice was not carrying out cervical screening audits in line with the Royal College of Nursing (RCN) guidance. The GPs we spoke to recognised this was an area of clinical practice that needed to be implemented.

### Effective staffing

We noted a good skills mix amongst GPs. The senior GP partner had special interests in obstetrics, gynaecology, children's health, neurology, sports injury and cardiology. The female GP partner had special interests in child health and family planning and training GP trainees. The third GP partner had special interests in elderly care and was the practice's GP trainer. All GPs were professionally registered with the General Medical Council (GMC) and nurses with the Nursing and Midwifery Council (NMC).

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

An induction was in place for staff to complete when they started working for the practice and they were provided with a staff handbook. Staff received IT training, information governance and confidentiality training upon induction. All staff undertook annual appraisals which

# Are services effective?

## (for example, treatment is effective)

identified learning needs and timelines for completion were documented. As the practice was a training practice, doctors who were in training had access to a GP for support throughout the day.

There were no clear arrangements in place for staff to receive mandatory training and the practice manager could not provide us with evidence of a training matrix to show staff training requirements were understood and monitored. We found gaps in the training staff had received. For example, there was no records that staff had completed training in fire safety or infection control. Staff we spoke with confirmed they had not completed training in these topics. The practice manager told us training provided by a new elearning training facility recently purchased by the local CCG would be implemented for all staff within the next three months.

There were no job descriptions for the nurses or health care assistant and no written guidance for them to follow. We were unable to establish if the nurses had completed training in important areas relevant to their job including vaccinations and cervical smears because training records were not kept at the practice. We were told that the nurses were trained in house on asthma and diabetes and kept up to date by attending courses however there were no certificates available to confirm this.

### Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, the NHS 111 service and ambulance services were received electronically. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and said the system in place worked well.

The practice held monthly meetings with the district nurse and health visitor. We saw minutes of meetings where patients with complex needs were discussed. Meetings were held with the health visitor to discuss vulnerable patients including safeguarding issues and any other concerns. The practice also held quarterly meetings to review prescribing and attended meetings with the local pharmacists to highlight areas of good practice and areas of concern.

The practice attended network meetings with other local practices to participate in peer review and discuss the management of patients with complex needs.

### Information sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff had been fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### Consent to care and treatment

We found that GPs were aware of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties in fulfilling it. All the GPs we spoke with understood the key parts of the legislation and were able to describe how they would be implemented in their practice if needed. A GP gave us an example of where an older patient seen on a home visit with a myocardial Infarction had declined to go to accident and emergency. As the patient had capacity the GP had to respect their wishes. We found that not all clinical staff were able to demonstrate a clear understanding of the Mental Capacity Act 2005 and when it should be applied. For example, when for gaining consent from patients with dementia or learning disabilities to undertake cervical smears.

GPs demonstrated an understanding of both Gillick and Fraser guidelines ( legislation used to decide whether a child or young person 16 years and younger is able to consent to their own medical treatment without the need for parental permission or knowledge). The GPs we interviewed were able to demonstrate competency in using the Gillick principles for example when prescribing the contraceptive pill for someone under the age of 16.

We saw examples of where GPs had documented consent for specific interventions. For example, written consent had been sought for the carrying out joint injections and scanned into patient's medical records.

### Health promotion and prevention

There was a range of information available to patients in the waiting area which included leaflets which could be

# Are services effective?

(for example, treatment is effective)

taken away from the practice. Topics included vaccinations, contraception and smoking cessation services. There was also helpful information on the practice website including links to child, women's and men's health topics.

The practice offered all patients in the 40-74 age group a health check. All newly registering patients were invited to a new registration consultation with the practice nurse to help identify and plan their medical needs.

The nurses and health care assistant provided smoking cessation advice, dietary and exercise advice and the nurses provided cervical screening. The practice's performance for cervical screening was 82% in 2013/14 and the current rate was 74%.

The practice kept a register of patients with learning disabilities and poor mental health. The practice had completed care plans for 80% of patients on the mental health register. Patients with learning disabilities were offered annual physical health checks.

The practice provided contraceptive coil and implant fitting for the treatment of menorrhagia (menstrual blood loss in women). Other health promotion services offered included child health surveillance and family planning and sexual health.

The practice offered a full range of immunisations for children. Flu vaccination was offered to patients over the age of 65, those in at-risk groups (including patients with long-term conditions) and pregnant women. The practice's current performance for flu vaccinations was 85% for patients with coronary heart disease, 81% for diabetes, 84% for Chronic Obstructive Pulmonary Disorder (COPD), 72% for over 65 year olds and 64% for pregnant women.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey 2014 and the practice's Patient Participation Group (PPG) report of their latest patient survey. We spoke with three patients during our inspection and reviewed 17 Care Quality Commission (CQC) comment cards completed by patients prior to our inspection. The evidence from all these sources showed a mixed response from patients in terms of satisfaction with their GP practice. The results of the national GP patient survey showed that the practice scored above the local CCG average for a number of areas. For example 86% of respondents said the last GP they saw or spoke to was good at giving them enough time. Eighty six percent of respondents said the last nurse they saw or spoke to was good at treating them with care and concern and 89% of respondents said the last GP they saw or spoke to was good at listening to them. However, there were some areas where the practice could improve. For example, only 35% of respondents found it easy to get through on the phone, 25% with a preferred GP usually got to see or speak to that GP and 44% of respondents described their experience of making an appointment as good. All these results were below the local CCG average.

Patients we spoke with and feedback on the CQC comment cards we received were overall positive about the practice. Patients fed back that staff were caring, considerate and helpful. They said that reception staff were polite and treated them in a respectful manner. Patients said as we observed the clinical staff were very professional and treated them with dignity and respect. Patients said their privacy was respected by all staff.

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

The results of the national GP patient survey showed that 82% of respondents said the GPs were good at explaining tests and treatments and 76% of respondents said the nurses were good at explaining tests and treatments to them. Seventy four percent of respondents said the GPs were good at involving them in decisions about their care and treatment and 71% of respondents said the nurses were good at involving them in decisions about their care and treatment.

Patients said that GPs sought their consent before carrying out physical examinations and minor surgical procedures. GPs were able to demonstrate an understanding of Gillick guidelines used to help clinicians decide whether a child under 16 years has the legal capacity to consent to medical examination and treatment without the need for parental permission or knowledge.

An interpreter service was available for patients whose first language was not English to help them with their communication needs to ensure they could understand treatment options available and give informed consent to care.

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

The patients we spoke to on the day of our inspection were positive about the emotional support provided by staff at the practice. Feedback from the CQC comment cards we received was also very complimentary about the support patients received from practice staff.

The practice website provided links to information on bereavement and local support services.

Carers were identified and recorded on the computer system and signposted to a local carers support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address these identified needs. The practice used the BIRT (Business Development & Reporting Tool), which helped doctors detect and prevent unwanted outcomes for patients. This helped to profile patients by allocating a risk score dependent on the complexity of their disease type or multiple comorbidities. The practice used risk profiling to manage at risk patients. At the time of our inspection the practice had completed care plans for 202 patients who had been identified as at risk. However, we found the practice had not participated in the unplanned admissions Enhanced Service (ES).

There had been very little turnover of staff in recent years. The practice had a long standing team with some staff having up to 19 years of service which enabled good continuity of care. Longer appointments were available for people who needed them and those with long term conditions. Home visits were made to seven local care homes and each had an allocated GP who visited on a regular basis to provide ongoing management of chronic disease and provide continuity of care.

The practice's a patient participation group (PPG) consisting of 20 members, six of which were active. The PPG contained representatives from various population groups; including White British, Black and Asian. The PPG was promoted by means of notices and leaflets, the practice website and the practice newsletter. The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the PPG. For example, improvements to access by upgrading the telephone system and waiting times for consultations with the nurses.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, patients with learning disabilities or those experiencing poor mental health. Patients with behavioural difficulties were seen before or after routine surgery to reduce the risk of disturbance for them, carers and other patients in the waiting room.

The practice had access to an online interpreter service for those patients whose first language was not English to help them with their communication needs and those who were hard of hearing.

The premises and services had been adapted to meet the needs of people with disabilities including level access at the main entrance for wheelchair users and mobility scooters and the toilet facilities were modified to accommodate them. There were also baby changing facilities available.

### Access to the service

The practice opening hours were 8:00 to 18:30 Monday to Friday with extended hours on Tuesdays 18:30 to 20:00 and 9:00 to 10:30 on alternate Saturday mornings from a branch practice located nearby. Out of hours cover was provided by the NHS 111 service. Patients could make appointments by telephone, online or by attending the reception in person. The practice operated a text reminder service for appointments. The practice provided a home visiting service for those patients unable to attend the practice and also looked after seven nursing and care homes and provided care for a local private boarding school. Repeat prescriptions were available within 48 hours by written request or via the practice website.

The results of the national GP survey 2014 showed that 67% of respondents were happy with the practice's opening hours and 44% of respondents described their overall experience of making an appointment as 'good.' These results were below the local CCG average. The results of the practice's patient survey showed patients found online access for appointment booking more difficult due to lack of availability and they could not book follow up appointments with GPs far enough ahead. However, patients reported improvements in phone access since a upgraded telephone system had been installed and improvements in the waiting time for an appointment with a nurse.

### Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handles all complaints in the practice.

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

Information on the complaints procedure was available in the patient waiting room and on the practice website to ensure patients had the necessary information to make a complaint.

We reviewed the log of complaints received in the period 2014/15. We found the practice had received 13 complaints and all had been satisfactorily handled and dealt with in a

timely way. For example, a complaint we reviewed involved an issue with continuity of care. A patient wanted to see their preferred GP and was having difficulty booking an appointment with them. A meeting was arranged between the patient, practice manager and the GP. The patient was reassured and was booked to see the GP of choice.

# Are services well-led?

Inadequate 

(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 vision to provide patient centred quality care, however there was no strategy to deliver this. Staff we spoke with were not clear about the practice vision and said the management team had not discussed it with them. Staff did not understand how their roles contribute to achieving the vision and could not comment on their contribution to the strategy.

The practice did not have a business plan setting out their aims and objectives. There was no information in the patient waiting room or on the practice website outlining the practice's vision.

### Governance arrangements

The practice had some policies and procedures in place to govern activity. We checked four policies and found they had been reviewed annually and were up to date. However, we found some key policies were not available for example, the practice could not provide us with the practice's infection control policy or safeguarding children policy. We also found the business continuity plan was in need of updating as it had not been reviewed since 2009.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at weekly clinical meetings however we did not see evidence of action plans produced to maintain or improve outcomes.

The practice had completed a number of clinical audits, for example audits of medicine wastage, repeat prescribing, nutritional products, medicine prescribing and prostate cancer injection therapy. Each audit resulted in a change in clinical practice but a second audit had not been undertaken to ensure implementation of the changes and possible improvement in outcomes for patients. The audits were incomplete.

The practice had inadequate arrangements for identifying, recording and managing risks. Risk assessments had not been carried out to identify risks to patient safety. Significant issues that threaten the delivery of safe and effective care were not identified or adequately managed.

For example, there were no health and safety risk assessments in place including for fire safety, risk of Legionella, risks from inadequate infection control or risks from the general environment within the practice.

### Leadership, openness and transparency

There was an inadequate leadership structure in place. The GPs we interviewed were aware of individual leads for different areas. For example, one GP led on safeguarding vulnerable adults and another led on child protection. Other practice staff took lead roles including areas such as human resources, complaints handling and infection control. However, this was not clear to all practice staff. There was a lack of clarity about authority to make decisions for example, two staff members we spoke with were not aware of who the infection control lead was. The practice manager told us that one of the practice nurses was the lead for infection control however the nurse in question was not aware of their responsibility. We also found there was no clear leadership for the different clinical areas of QOF and health and safety within the practice.

We saw from minutes that clinical meetings were held weekly and reception meetings held quarterly. However, we did not see evidence of meetings involving the whole practice team. Staff we spoke with said there was an open culture within the practice and were happy to raise issues with other members of the practice team including the practice manager and the GPs.

Staff told us that they were valued and supported and could speak to the management team with any concerns.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys and complaints received and the patient participation group (PPG). The PPG had carried out annual surveys and met every quarter. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

The practice acted on feedback from staff through open discussions with them. For example, a new telephone system was implemented on feedback from not only patients but also staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

# Are services well-led?

Inadequate 

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

The practice manager was responsible for human resource policies and procedures. We reviewed these policies, for example the recruitment policy. However, we found the recruitment policy did not provide sufficient detail to ensure robust recruitment procedures were adhered to. For example, it did not specify that criminal checks should be carried out before a person was employed by the practice.

The practice had a whistle blowing policy and staff were aware of whistle blowing procedures.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at a cross section of staff files and saw that annual appraisals took place. Staff told us that the practice was supportive of training. However, there was no formal system in place to monitor staff training and we found gaps in mandatory training for staff.

The practice was a GP training practice participating in undergraduate and postgraduate medical education programmes. We spoke with one trainee registrar who told us the practice was very supportive. They said the GPs were very good at giving feedback on their performance and areas for improvement. We saw letters of commendation the GPs had received from former medical students.

The practice had completed reviews of significant events and shared with clinical staff at weekly meetings to ensure the practice improved outcomes for patients. For example, one significant event involved the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) wishes of a care home resident not followed by staff at the home. The practice took action by ensuring a copy of the DNACPR form was kept at the home. However, although incidents were shared within the clinical team we did not see examples of the learning from incidents being shared widely with other staff.

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

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

##### How the regulation was not being met:

We found that people who use services and others were not protected against the risks associated with the unsafe use and management of medicines because inappropriate arrangements were in place for obtaining medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

##### How the regulation was not being met:

We found that people who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

##### How the regulation was not being met:

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

We found that people who use services and others were not protected against the risks associated with unsafe or inappropriate care and treatment because their medical records were not kept securely.

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**How the regulation was not being met:**

We found that people who use services and others were not protected against the risks associated with unsafe or inappropriate care and treatment because effective recruitment procedures were not in place.

This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations  
2010 Cleanliness and infection control

#### How the regulation was not being met:

People who use services and others were not protected against the risks associated with unsafe or inappropriate care and treatment because people were not sufficiently protected from the risk of infection by the effective operation of systems designed to assess risk, prevent, detect and control the spread of health care associated infections, and by maintaining appropriate standards of cleanliness and hygiene in relation to premises  
Regulation 12 (1) and 12 (2)(a)and(c)(i)

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations  
2010 Assessing and monitoring the quality of service provision

#### How the regulation was not being met:

People who use services and others were not protected against the risks associated with unsafe or inappropriate care and treatment because there were ineffective systems in place to regularly assess and monitor the quality of services provided and to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk. Regulation 10 (1) (a) (b) (2) (b) (iii) (c) (i)