

Lanfranc Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Lanfranc Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lanfranc Medical Centre on 13 January 2017. Overall the practice is rated as good.

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

- Staff were open and transparent and committed to reporting incidents and near misses.
- Learning was based on analysis and investigation of any errors and incidents. The practice acted on its findings to improve the service.
- The practice had effective systems in place to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had the skills and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were treated with compassion and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The service was accessible. Patient feedback was positive about the ease of getting an appointment. Urgent appointments were available the same day.
- The practice had adequate facilities and was 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 areas where the practice should make improvement are:

- The practice should consider holding more regular practice meetings. This would enable a fuller discussion among the full team, for example about learning from significant events.
- The practice should consider making more use of interpreting services to communicate with patients who do not speak English well, for example to ensure that patients are able to give informed consent to treatment.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had an effective system for reporting and recording significant events. Lessons were shared and action was taken to improve safety in the practice.
- When things went wrong patients were informed, given an explanation and a written apology. Patients were told about any actions to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed that practice performance in managing long term conditions tended to be in line with or above average.
- Staff were aware of and used current evidence based guidance.
- We saw evidence of clinical audit and quality improvement work with positive results.
- Staff had the skills and knowledge 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.
- The practice actively promoted the health of its patients through information, education and preventive programmes.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice in line with other local practices.

Summary of findings

- Patient feedback was positive. Patients reported being treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice provided accessible information about the services it provided in a range of formats, for example in leaflets, posters and on its website.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population, for example providing accessible information for patients with diabetes about fasting safely.
- The practice scored above average for the accessibility of the service on the national GP patient survey.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and the practice responded quickly to issues raised. Learning from complaints was shared with the practice team.

Good



Are services well-led?

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

- The practice had a clear purpose, and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities.
- There was a clear leadership structure. The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice had a strong safety culture and effective arrangements in place to identify and monitor risks.
- Staff had received inductions, annual performance reviews and attended training opportunities. The practice was not holding regular staff meetings however.
- The provider was aware of the requirements of the duty of candour. The practice had systems to notify patients of any incidents meeting the duty of candour criteria. The practice learned from incidents, accidents and alerts.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with its patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments as appropriate. Patients participating in the inspection commented positively about this aspect of the service.
- The practice maintained a register of patients receiving palliative care and met regularly with the local palliative care nurse. One of the GP partners provided a direct telephone number for patients receiving palliative care and their families. This GP also carried out home visits to certify deaths promptly including over weekends, holiday periods and out of hours.
- Patients over 75 made up the majority of the group of patients identified by the practice as requiring personalised care plans. The practice planned these patients' care and made use of local community services such as STARRS (the local short term assessment, reablement service) to avoid unnecessary hospital admissions.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with advice and preventive care to help them to maintain their health and independence. For example, the practice ran campaigns (including letters and telephone reminders) to encourage eligible patients to have the flu, shingles and pneumococcal vaccinations.
- Staff were able to recognise the signs of abuse in vulnerable older patients and knew how to escalate any concerns.

People with long term conditions

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

Good



- The practice maintained registers of patients with long-term conditions. There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The GPs and practice nurse had lead roles in long-term disease management.
- The practice had performed well on the Quality and Outcomes Framework (QOF) for managing long-term conditions. It had recently run an awareness raising campaign about atrial fibrillation with older patients attending for flu vaccination.

Summary of findings

- The local diabetic specialist nurse visited the practice monthly to review patients with poorly controlled diabetes. The practice performed well on key diabetes related indicators in 2015/16.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Families, children and young people

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

- The practice provided antenatal and postnatal services with mother and baby clinics at six weeks after birth.
- Immunisation rates were above target (90%) for all standard childhood immunisations.
- The practice trained staff on treating children and young people in an age-appropriate way and as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies, for example with baby changing facilities.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- There were systems 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 accident and emergency (A&E) attendances.

Good



Working age people (including those recently retired and students)

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

- The needs of working age patients had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, the practice was open until 7pm four days a week. GP and nurse consultations were available after 5pm.
- The practice offered a range of ways to access services, for example, daily telephone consultations with a GP, online appointment booking and an electronic prescription service.
- The practice offered health promotion and screening services reflecting the needs for this age group, for example NHS health checks for patients aged 44-75 years.
- In 2015/16, 81% of eligible women registered with the practice had a cervical smear test within the last five years, in line with the national average.

Good



Summary of findings

- The practice ensured that patients seeking emergency contraception were able to book a same day appointment.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances for example patients with a learning disability. Alerts were included on the electronic patient record system to ensure that staff were aware of patients who required additional assistance.
- The practice offered longer appointments for patients with a learning disability and annual health checks.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various services, support groups and voluntary organisations for example drug and alcohol services.
- Staff interviewed knew how to recognise signs of abuse in children, young people and vulnerable adults. They 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.
- The practice identified carers and provided them with information about available support.

People experiencing poor mental health (including people with dementia)

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

Good



- Patients at risk of dementia were offered screening and referral to the local memory services.
- In 2015/16, 28 of 29 (97%) of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local and national averages.
- In 2015/16, 55 of 58 (95%) of patients with a diagnosed psychosis had a comprehensive care plan in their records. This was comparable to the local and national averages.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

- The practice had information available for patients experiencing poor mental health and stress about how they could access local counselling services, support groups and voluntary organisations. This included information signposting families to children's mental health and counselling services. The practice also offered regular counselling sessions at the practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice tended to perform above the local average. For this survey 268 questionnaires were distributed and 100 were returned. This represented 2% of the practice patient list and a response rate of 37%.

- 85% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 80% and the national average of 85%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 62 comment cards, all but one of which were positive about the quality of the service. We also spoke with nine patients on the day.

Patients participating in the inspection commented that the practice provided an accessible service in a safe, hygienic environment. Patients consistently described the doctors and staff as kind and willing to listen. We were told the clinical team provided prompt diagnosis and investigation of symptoms with good follow-up care. Patients gave us many examples of compassionate, patient-centred care including support after bereavement and consideration given to frail older family members.

The practice carried out its own annual patient survey covering access and various aspects of the service such as timeliness of the repeat prescription process which also consistently returned positive results.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the practice should make improvement are:

- The practice should consider holding more regular practice meetings. This would enable a fuller discussion among the full team, for example about learning from significant events.
- The practice should consider making more use of interpreting services to communicate with patients who do not speak English well, for example to ensure that patients are able to give informed consent to treatment.

Lanfranc Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to Lanfranc Medical Centre

Lanfranc Medical Centre provides NHS primary medical services to around 6300 patients in Sudbury, South Harrow from a single surgery. The practice falls within the Brent NHS clinical commissioning group area and is provided through a personal medical services contract. The practice is located within a converted property on the ground floor of a residential apartment block.

The current practice clinical team comprises two GP partners (male and female), five salaried and regular locum GPs (male and female). The GPs typically provide 25 clinical sessions at the practice per week. The practice also employs a part-time practice nurse and a part time locum practice nurse. The staff team includes a practice manager, administrators and receptionists.

The practice opening hours are from 8.30am to 7pm on Monday, Tuesday, Wednesday and Friday and from 8.30am to 1pm on Thursday. Morning consultation times run from 8.40am to 12 noon and afternoon consultations run from 3.55pm until 7pm. Telephone consultations are also provided daily. The GPs make home visits to see patients who are housebound or are too ill to visit the practice. Same day appointments are available for patients with complex or more urgent needs. The practice offers online appointment booking and an electronic prescription service.

When the practice is closed, patients are advised to use the local out-of-hours primary care service or attend the local 'hub' primary care service. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on its website and on a recorded telephone message.

The practice population is characterised by somewhat below average levels of income deprivation and unemployment and above average levels of life expectancy. The practice age-sex profile is similar to the English average although it has a smaller proportion of patients aged over 65. The population is ethnically diverse.

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

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 give examples to share what they knew. We carried out an announced visit on 13 January 2017. During our visit we:

- Spoke with a range of staff (including the GP partners, the practice manager, the practice nurse and receptionists).
- Observed how patients were greeted and spoke with nine patients including four members of the patient participation group.
- Reviewed 62 comment cards where patients shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions.
- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits, patient complaints, meeting notes, and monitoring checks.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour although no recent incidents had met the criteria for notification. (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).
- There had been nine reported incidents during the previous 12 months. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an explanation and a written apology and were told about any actions to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. The practice kept a log of significant events, including near misses. Relevant safety alerts were shared and the practice kept a clear record of actions taken in response.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident involved a delay to a two-week cancer referral. The patient contacted the practice to alert them to the delay. The practice re-referred the patient involved immediately and also reviewed and amended its two-week referral process to include active follow-up of all two-week referrals by practice staff. The partners reviewed all incidents and cascaded a record of learning and actions to the wider clinical team.

Overview of safety systems and processes

The practice had defined and embedded systems and processes in place to minimise patients from risks to safety:

- The practice had arrangements to safeguard children and vulnerable adults from abuse. One of the GP partners was the clinical lead for adult and child safeguarding. The practice policy and procedures

reflected relevant legislation and local requirements. Safeguarding 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.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Members of staff gave us examples of how they had responded to safeguarding concerns in practice. Other practice staff had been trained to child protection level two or three. The GPs provided safeguarding related reports within 24 hours where necessary for other statutory agencies.
- Notices in the waiting and consultation rooms 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. There were cleaning schedules and monitoring systems in place.
- One of the GP partners was the lead for infection control in the practice and the practice nurse was responsible for monitoring infection control practice day to day. The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff had received up to date training on infection control.
- The practice had just undergone an external audit of its infection control which was carried out by the local NHS infection control team. The practice had already acted on the recommendations for example, blocking a sink overflow and ordering vinyl coverings for the chairs in the waiting room. The practice also carried out its own infection control audits on annual basis.

The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of medicines).

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions.
- Repeat prescriptions were signed by a GP before being issued and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. (PGDs are instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

The practice carried out all required recruitment checks. We reviewed records for two members of staff and a locum clinician 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. The practice had appropriate health and safety policies and protocols in place with a named lead.
- We inspected various risk assessments, insurance and maintenance certificates held by the practice. These included a fire risk assessment which was up to date. Fire alarms were tested weekly and there was an annual fire drill.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to

ensure it was working properly. The carried out regular water testing as recommended in its Legionella risk assessment. (Legionella is a type of bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix. The practice occasionally used locum clinical staff to cover planned leave and had put together a locum pack with useful information, for example on making referrals and local safeguarding arrangements.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. The practice had recently handled emergency situations and had responded immediately and appropriately. These incidents had been reviewed for any learning and further improvement.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However the practice did not stock glyceryl trinitrate (GTN) spray which is used to treat chest pains. We raised this with the practice and the manager ordered this medicine on the day of the inspection and told us this item had been added to their stock list of emergency medicines.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.
- The practice conducted audits, medicines reviews with individual patients and attended multi-disciplinary and case management meetings to ensure that the treatment it provided was evidence based.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 were 96.3% of the total number of points available compared to the national average of 95.3%.

The practice exception reporting rates tended to be lower than the local and national averages. Overall, the practice exception reporting rate for the clinical domain was 4% compared to national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015/16 showed:

- Practice performance for key diabetes related indicators was in line with the local and national averages. For example, 76% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG average of 77% and the national average of 78%. The practice exception reporting rate was 6% for this indicator compared to the CCG and national rates of 12% and 13% respectively.

- Ninety-one per cent of practice diabetic patients had a recent blood pressure reading in the normal range compared to the CCG average of 80% and national average of 78%. The practice exception rate reporting was 4% for this indicator compared to the national average of 9%.
- In 2015/16, 28 of 29 (97%) of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local and national averages.
- In 2015/16, 55 of 58 (95%) of patients with a diagnosed psychosis had a comprehensive care plan in their records. This was comparable to the local and national averages.

There was evidence of quality improvement including clinical audit.

- Clinical audits were prompted by changes to guidelines, incidents, contractual requirements and local prescribing priorities. The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team.
- The practice provided evidence of four recent clinical audits, all of which were completed two-cycle audits. These focused on the identification of patients with chronic kidney disease (CKD); the management of patients prescribed methotrexate (a higher risk medicine); monitoring of patients prescribed with certain anti-rheumatic medicines (DMARDs) and the prescribing of Finasteride (a hair loss treatment). The audits showed sustained improvements in practice performance. For example, the practice increased the number of patients on its CKD register from 139 to 180 over the full course of the audit.

The practice used comparative information about patient outcomes and practice performance to monitor improvement. For example, the practice reviewed its rates of emergency admissions, prescribing rates, patient satisfaction, referral rates and A&E attendances. The practice could show good practice in prescribing, for example it had reduced its antibiotic prescribing rates and had a low rate of prescribing of hypnotic medicines compared to the CCG and national rates.

Effective staffing

Are services effective?

(for example, treatment is effective)

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.
- All staff received mandatory training and updates that included: safeguarding, fire safety awareness, basic life support and information governance.
- The practice could demonstrate how it ensured that relevant staff received role-specific training and updates.
- Staff with specific roles, for example chaperoning were given appropriate training and guidance.
- 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.
- 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 clinical discussion, practice staff meetings, appraisals, informal discussion and support for revalidation (for the GPs and nurse). All staff had received an appraisal within the last 12 months.
- Clinical staff told us the GP partners encouraged discussion and were happy to discuss cases and provide advice. Full practice meetings were also held on occasion. These included discussion of guidelines, reflection on significant events and complaints. The practice kept minutes of these meetings for reference.

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 information stored on the shared computer drive.

- 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 treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

- Practice clinicians attended multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also liaised with health visitors, community nurses and the local palliative care team to coordinate care and share information.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

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 nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients in need of extra support to live a healthier lifestyle, for example those at risk of developing a long-term condition. The practice offered a range of preventive services:

- In 2015/16, 81% of eligible women registered with the practice had a cervical smear test within the last five years, in line with the clinical commissioning group (CCG) average of 77% and the national average of 81%. The practice ensured a female sample taker was available. (The practice exception reporting rate for this indicator was 6%).

Are services effective?

(for example, treatment is effective)

- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice encouraged women to attend for breast screening. For example 82% of eligible women had attended for screening within the last three years compared to the CCG average of 64%.
- Childhood immunisation rates were above target (90%) for all standard childhood vaccinations. The practice followed up children who did not attend their initial appointments.
- 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. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains or screens 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 were able to take patients to a more private area if they needed to discuss sensitive issues or appeared distressed.

We received positive comments from patients about the service and the staff, and particularly about the lead GP who had been working at the practice for many years and with whom many patients had clearly developed a trusted professional relationship. Patients consistently described the doctors, nurses and receptionists as kind and willing to listen. We were told the clinical team provided prompt diagnosis and investigation of symptoms with good follow-up care.

Results from the national GP patient survey showed that the practice tended to score in line with the local average and national averages for patient experience of consultations.

- 88% of patients said they found the receptionists at the practice helpful compared to the clinical commissioning group (CCG) average of 84% and the national average of 87%.
- 86% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% 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%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients who participated in the inspection told us they felt involved in decision making about the care and treatment they received. They also said they had received good advice and information that was helpful in making decisions.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice scored in line with the local average. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

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 long term conditions and associated national support groups was also available on the practice website.

The practice computer system alerted staff if a patient was also a carer. The practice had identified 97 patients who were carers (2% of the practice list). The practice offered carers the flu vaccination, priority for appointments and written information outlining the various avenues of support available to them. One patient told us that after they became a carer they and their family member had received excellent support from the practice.

Staff told us that if patients had suffered bereavement, the named GP would write, telephone or visit the family

Are services caring?

depending on the circumstances and would ensure other professionals were updated. The practice signposted patients to bereavement support services. Patients gave us examples of compassionate, patient-centred care including support after bereavement.

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. The practice provided a range of extended or enhanced services at the practice to meet the needs of patients, for example providing ECG diagnostic testing and travel vaccination services including the yellow fever vaccination.

- The practice was accessible to patients who had difficulty attending during normal opening hours. The practice offered appointments until 7pm four days a week. Consultations with a GP or nurse were available outside of normal working hours. Telephone consultations were available daily.
- There were longer appointments available for patients with communication difficulties or who had complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems.
- Patients in vulnerable circumstances newly registering at the practice were booked for a new patient check with the lead GP. Practice policy was to never turn away patients who wished to register if they lived within the catchment area. The practice encouraged patients to register regardless of personal circumstances, for example patients living in temporary hotel accommodation.
- The practice had a culturally diverse population and the practice was aware of patients' needs. For example, the practice provided accessible information for diabetic patients on how to fast safely.
- Patients were able to receive a wide range of travel vaccinations and advice. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations and how far in advance patients should contact the surgery to discuss their travel needs.

- The practice was equipped to treat patients and meet their needs. There were accessible facilities and a hearing loop. All consultation rooms were accessible on the ground floor.
- Patients could choose to consult a male or female GP.
- The practice had access to interpreting services but tended to rely on staff and patients' family or friends to interpret for patients who did not speak English well. The practice did not allow children to translate for adults but had not otherwise assessed the risk of medical information being miscommunicated or patients feeling uncomfortable about sharing some details in these circumstances.

Access to the service

The practice opened from 8.30am to 7pm on Monday, Tuesday, Wednesday and Friday and from 8.30am to 1pm on Thursday. Morning consultation times ran from 8.40am to 12 noon and afternoon consultations ran from 3.55pm until 7pm.

Data from the national GP patient survey showed that patients were positive about access to the service. The practice scored particularly highly for patient access to their preferred GP and being seen on time and it consistently scored above the local average:

- 73% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 85%.
- 69% of patients said they usually got to see or speak to their preferred GP compared to the CCG average of 52% and the national average of 59%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 72% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 42% and the national average of 58%.

The practice had a system in place to assess:

Are services responsive to people's needs?

(for example, to feedback?)

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

This was done by asking patients or carers to request home visits early in the day wherever possible to allow the duty doctor (GP) to make an informed decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Staff and patients described the GPs as always willing to attend patients at home when this was necessary.

Listening and learning from concerns and complaints

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

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

- We saw that information was available to help patients understand the complaints system, including how to take the complaint further if they were unhappy with the practice's response.

The practice had not received any written complaints in the last 12 months. It had recorded five verbal complaints which had been appropriately handled and dealt with in a timely way. The practice also responded to comments and reviews about the service posted on the NHS feedback website. The practice offered patients a written apology and a meeting to discuss their concerns.

Lessons were learnt from individual concerns and complaints and action was taken to review and improve the quality of care. For example, the practice received a telephone enquiry about an overdue injection. The lead GP spoke with the patient the same day, apologised and arranged an appointment. This complaint was treated as a significant incident and the practice reviewed their process for monitoring patients who needed these injections periodically and made changes to prevent any recurrence.

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 the highest quality care in a friendly, efficient and professional manner. The practice stated its vision on the practice website home page. Staff we interviewed were positive about the purpose of the practice and their role in achieving this.

- The practice had a statement of purpose and staff knew and understood the aims, objectives and values underpinning the service.
- The practice had a strategy and supporting business and action plans which reflected the vision and were regularly monitored.
- The practice had identified short and longer term objectives. For example, the practice wanted to increase the range of services available to its patients on the premises, for example by offering phlebotomy. The practice was also in the process of becoming part of a larger locality group (Harness) in Brent and had a clear idea of the benefits and efficiencies this would bring. The practice partners had given some consideration to succession planning and were supported by a team of salaried and regular locum doctors to provide continuity of care.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had effective infection control procedures in place and maintained these through regular internal audits.
- A comprehensive understanding of the performance of the practice was maintained and was used to improve. For example, the practice was aware from comparative

information circulated by the clinical commissioning group that there was scope to improve the detection of patients with atrial defibrillation and had recently run an awareness campaign with older patients.

- The partners and manager met regularly. Full practice meetings were held on occasion but were not scheduled regularly. We saw evidence that meetings were documented and the notes shared when these had taken place. The practice had a cascade mechanism by which information, for example about incidents and safety alerts, was routinely shared by email with staff. Locum staff were included in these communications. Staff also told us they had daily opportunities to discuss any issues as they arose with colleagues, the manager or with the partners. However, some staff members said they would welcome more regular opportunities to meet as a team.

Leadership and culture

On the day of inspection the practice managers and clinicians demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The practice had a good spread of skills.

Staff consistently told us that the practice had developed an open and supportive team culture and was a good place to work.

- The practice worked in collaboration with other practices and health and social services in the provision of care. For example, the practice worked with district nurses and social workers to monitor vulnerable patients.
- Staff told us they had the opportunity to raise any issues with the GPs and managers and felt confident and supported in doing so. Staff were proud of the practice culture and ethos and attributed this in large part to the open leadership style of the lead GP partner.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to develop and improve the practice.

The practice was aware of and had systems 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

Are services well-led?

Good 

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

wrong with care and treatment). We reviewed the significant events that had occurred in the previous 12 months and found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, a clear explanation and a written apology.
- The practice kept written records of verbal and internet based interactions as well as written correspondence and learnt from these forms of feedback.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients and staff:

- The practice ran a patient participation group (PPG). The PPG had around 17 regular members. The group had met twice in 2016 and discussed proposals for improvements with the practice management team. For example, the PPG had discussed the practice survey findings and had persuaded the council to instigate improvements outside the practice to improve parking. We met four members of the PPG who told us the practice was responsive to their suggestions.
- The practice analysed its patient survey results and ran its own annual survey to understand patients' views in more detail. The practice reviewed feedback and took action to improve, for example increasing the number of available same day appointments.

- The practice obtained staff feedback through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt well supported with opportunities to develop professionally.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice routinely used clinical audit as a tool to drive improvement. The practice submitted four clinical audits over the previous 12 months and used these to ensure that patients received evidence based treatment in line with current guidelines.
- The practice scored highly on the national GP survey for access to appointments. The practice told us as demand had increased the practice aimed to respond flexibly, adding appointments at the end of a session if it was important that patients be seen the same day.
- The practice had monitored its comparative performance and identified a range of areas for further improvement. It responded promptly to external recommendations, for example, arising from a recent NHS infection control audit.