

# The Stonebridge Practice

## 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	3
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 The Stonebridge Practice	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 The Stonebridge Practice on 30 October 2017. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The provider was aware of the requirements of the duty of candour.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff were trained and had the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in 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 patient feedback.

- The practice performed well on the national GP patient survey on access to the service. Patients reported being able to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had suitable facilities, although the telephone system needed improvement, and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the practice should make improvement are:

- The practice should continue to improve access to the service, particularly telephone access, so that patients who need to contact the practice are able to do so.
- The practice should develop a programme of clinical audit that reflects practice priorities in addition to CCG-led prescribing work.

**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.

- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed and received a written apology.
- 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 to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed practice performance in managing long term conditions tended to be in line with the national average for most indicators.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- End of life care was coordinated with other services involved.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with or higher than others for several aspects of care.
- Patients participating in the inspection said they were treated with care and concern and they were involved in decisions about their treatment.
- Information for patients about the services available was accessible.
- The practice took steps to maintain patient and information confidentiality.

Good



# Summary of findings

- The practice had identified 2% of its patients who were carers. The practice was sensitive to their needs.

## 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 offering a range of primary care services relevant to the needs of its younger population.
- The practice took account of the needs and preferences of patients with life-limiting conditions.
- The practice had taken action to improve access to the service over recent months, for example increasing the availability of same day appointments bookable online.
- The practice scored below average on the national patient GP survey for questions on access.
- Urgent appointments were available the same day.
- The practice had suitable facilities to provide an enhanced range of services and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders when appropriate.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The principal GP and practice manager encouraged a culture of openness and honesty. The clinicians and staff members were aware of the requirements of the duty of candour.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and priority appointments for those with enhanced needs.
- The practice followed up on 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 coordinated support to help them to maintain their health and independence.

Good



### People with long term conditions

The practice is rated as good for people with long term conditions.

- There was a system to recall patients with long term conditions for a structured annual review to check their health and medicines needs were being met.
- The practice followed up patients with long term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long term conditions who experienced a sudden deterioration in health.
- The practice proactively identified patients at high risk of hospital admission. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice carried out home visits jointly with other health professionals to coordinate care when appropriate.

Good



### Families, children and young people

#### Families, children and young people

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

Good



# Summary of findings

- 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.
- In 2016/17, the practice achieved the 90% immunisation targets for standard childhood immunisations.
- Appointments were available outside of school hours. The premises were suitable for children and babies and the practice had baby changing facilities and could provide a private area for breast feeding.
- The practice worked with midwives, health visitors and school nurses as appropriate to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- Practice staff understood the importance of treating children and young people in an age-appropriate way and as individuals.

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

### **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 people had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice opened in the evening up to three days a week.
- The practice had recently adjusted its appointment system and now offered daily consultations on both a pre-bookable and walk-in basis.
- The practice was proactive in offering online services including online appointment booking and an electronic prescription service. Several patients commented that they found the online appointment booking system helpful.
- The practice provided a full range of health promotion and screening services reflecting the needs for this age group, for example cervical screening and the meningitis ACWY vaccination for older teenagers and students.
- The practice provided a range of sexual health and contraceptive services and could signpost patients to local community NHS sexual health services available in the same building.

Good



# Summary of findings

- The practice uptake rate for cervical screening was 81% in 2016/17 which was close to the overall clinical commissioning group (CCG) rate of 76% and the national rate of 81%. The practice exception rate for this indicator was 6% which was in line with the national exception rate of 7%.

## People whose circumstances may make them vulnerable

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

- The practice encouraged all patients to register regardless of circumstances.
- The practice had a relatively high number of patients living in vulnerable circumstances. The practice identified and regularly reviewed these patients.
- The practice offered longer appointments for patients with a learning disability and an annual health check.
- Staff were trained to consider the wider circumstances of vulnerable patients and the impact on other family members and carers.
- The practice regularly 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 support groups and voluntary organisations. The practice referred patients to local voluntary organisations offering social, lifestyle, welfare and legal advice and support.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. 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.

Good



## 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).

- Patients at risk of dementia were identified and offered a specialist assessment.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%. The practice did not report any exceptions for this indicator.

Good





# Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia and offered health checks to these patients.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 91% of patients diagnosed with a psychosis had a comprehensive care plan in their records compared to the national average of 90%. The practice did not report any exceptions for this indicator.
- The practice provided postnatal and baby checks to women admitted to a local mother and baby mental health unit.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice referred patients to a range of local mental health services and support groups depending on their needs, for example counselling services.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice performed variably when compared to the local and national average. For this survey, 386 survey forms were distributed and 100 were returned. This represented 2% of the practice's patient list and a response rate of 26%.

- 69% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 79% and the national average of 85%.
- 68% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 77% and the national average of 84%.
- 77% of patients described the receptionists at this surgery helpful compared with the CCG average of 83% and the national average of 87%.
- 97% of patients had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 94% and the national average of 95%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection and we spoke with five patients on the day. We received 35 comment cards, all of which included positive comments about the service.

Patients participating in the inspection commented that the practice provided a high quality service in a safe, hygienic environment. Patients consistently described the doctors and nursing staff as caring and willing to listen. The receptionists were described as being welcoming and helpful.

Patients gave us examples of compassionate, patient-centred care in relation to care they had received including examples of advice and support for carers and patients in the early stages of dementia.

In contrast to the national patient GP survey results, all the patients we spoke with and many of the commenters said it was easy to access the service. Several patients commented that the online appointment booking system was a positive innovation.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the practice should make improvement are:

- The practice should continue to improve access to the service, particularly telephone access, so that patients who need to contact the practice are able to do so.

- The practice should develop a programme of clinical audit that reflects practice priorities in addition to CCG-led prescribing work.

# The Stonebridge Practice

## 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 The Stonebridge Practice

The Stonebridge Practice provides primary care services to around 4700 patients living in the surrounding areas of Stonebridge, Harlesden and Wembley in North West London. The practice is part of the Brent Clinical Commissioning Group.

The practice population is characterised by some of the highest levels of income deprivation in England, with higher rates of unemployment and lower average life expectancy. The practice age-sex profile is similar to the English average but is young with a large percentage of patients aged under 55. The population is ethnically diverse.

The practice is led by two GP partners who also employ one salaried GP. The staff team includes a practice nurse (prescriber), two health care assistants one of whom is also phlebotomist, a practice manager, and reception and administrative staff. The GPs typically offer around 16-18 clinical sessions per week. Patients can choose to consult with a male or female GP.

The practice is located in a purpose built health centre and shares the premises with other NHS primary and

community health care services. The practice is open every weekday from 8am to 6:30pm. Extended hours 'commuter clinics' also run from 6.30pm to 7.30pm from Monday to Wednesday.

Same day appointments are available for patients with complex or more urgent needs. Walk-in and pre-bookable appointments are also available daily with the practice recently increasing the number of same day appointments that can be booked online. The GPs make home visits to see patients who are housebound or are too ill to visit the practice.

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 which runs in the evening and weekends. 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 provides a wide range of primary care services including minor surgery, child health surveillance, phlebotomy and a travel service (including yellow fever vaccination). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; maternity and midwifery services; family planning; surgical procedures; 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

# Detailed findings

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

This practice was previously inspected on 4 November 2014. At that time it was rated as good overall; good for providing safe, effective, caring, responsive and well-led care; and good for the care provided to specific population groups.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and the clinical commissioning group to share what they knew.

We carried out an announced visit on 5 October 2017.

During our visit we:

- Spoke with a range of staff including the GP partners, the practice nurse, the practice manager and reception staff.
- We also spoke with representatives from other services who regularly communicated and worked with the practice including the local district nurse team leader and one of the local community pharmacists.
- Reviewed 35 comment cards where patients shared their views and experiences of the service and spoke with five patients.
- Reviewed a 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 and those requiring palliative care; obtained informed consent before certain interventions and monitored patients who had been prescribed higher risk medicines.

- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies; written protocols and guidelines; audit reports; patient complaint files; 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 a system in place for reporting and recording significant events and other types of incidents.

- The practice had implemented a system for reporting and recording significant events. The practice recorded incidents, near misses and significant events for review and discussion.
- Staff told us they would inform the GP partners or practice manager of any significant events or incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had not recorded any significant events over the last 12 months although it had recorded and investigated other types of incidents and the clinicians routinely reviewed any deaths or new cases of cancer at the weekly clinical meeting. Practice policy was to communicate openly with patients if something had gone wrong.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where issues were discussed. We saw evidence about previous incidents (for example, an incident involving a controlled medicine) showing that these had been discussed, relevant stakeholders had been informed and the practice had reviewed its policy and procedures.

### Overview of safety systems and process

The practice had clearly defined systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice's records showed that the GPs provided reports promptly where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had

received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to child protection or child safeguarding level three. The practice nurse was trained to level 2.

- A notice in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had now 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.
- The nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection prevention and control policy and related procedures, for example including hand washing, safe handling of sharps, waste disposal and practice cleaning schedules. The practice carried out an annual infection prevention and control audit and action and had recently had an external infection control audit in 2017. The practice had scored highly on this and acted on the recommendations.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice had reviewed its processes for handling repeat prescriptions which included the review of high risk medicines.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice was carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams to ensure prescribing was in line with best practice guidelines.

## Are services safe?

- Blank prescription forms and pads were securely stored and there were systems to monitor their use. The practice nurse was an independent prescriber and had access to relevant guidance, training updates and attended the weekly clinical meeting.
- The local community pharmacist attended the inspection and confirmed there was good communication and coordination with the practice.

The practice had reviewed its recruitment policy and procedures since our previous inspection. We reviewed the personnel files for staff members recruited since our previous inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body (for health professionals) and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. This was an area of improvement since our previous inspection.

- The practice had an up to date health and safety policy.
- The practice had an up to date fire risk assessment and carried out fire drills (including patients) in line with the fire evacuation plan.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a type of bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The staff had been trained on how to use the defibrillator.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, NHS and commissioning agencies, suppliers and utility companies.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through discussion at clinical meetings; multidisciplinary case reviews and clinical audit and benchmarking.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), performance against national screening programmes and clinical audit to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2016/17 (the most recent published results), the practice achieved 94.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.3% and national average of 95.5%.

Practice exception rate reporting on the QOF for clinical indicators was below average at 6% overall compared to the CCG and national averages of 9% and 10% respectively. (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 2016/17 showed:

- Performance for diabetes related indicators was below the CCG and national averages. For example, 57% 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 and national averages of 77% and 78% respectively. The practice exception reporting rate was 3% for this indicator which was below the national rate of 13%. The

local diabetic specialist nurse attended the practice regularly to provide support to newly diagnosed patients and patients with diabetes that was not well controlled.

- Performance for mental health related indicators was comparable with the CCG and national averages. In 2016/17, 91% of patients diagnosed with mental illness had a comprehensive care plan in their records compared to the CCG average of 92% and the national average of 90%. The practice had reported no exceptions compared to the national exception rate of 13%.
- 80% of patients diagnosed with dementia had attended a face to face review of their care plan within the last 12 months compared to the CCG average of 85% and the national average of 84%. The practice had reported no exceptions compared to the national exception rate of 7%.

There was evidence of a focus on quality improvement. The practice had carried out a number of clinical audits since our previous inspection:

- Clinical audits had been prompted by changes to guidelines, incidents and local prescribing priorities. The practice participated in locality based audits, national benchmarking and regularly liaised with the local NHS prescribing team.
- The practice provided evidence of an ongoing clinical audit since our previous inspection visit. The practice had carried out three prescribing audits in line with local prescribing priorities.
- For example, since our previous inspection, the practice had re-audited its co-prescribing of ACE inhibitors (medicines used to treat high blood pressure) to ensure it was doing so in line with current NICE guidelines. The results had been discussed at the weekly clinical meeting which had been documented. Agreed actions included incorporating a patient leaflet about acute kidney injury on the electronic records system.

### Effective staffing

Staff had the skills and knowledge 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.



# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training or external training opportunities as appropriate.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example in carrying out condition-specific reviews. 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 with the immunisation programmes, for example by access to online 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 ongoing support, one-to-one meetings, mentoring, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

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

- The practice used and updated patient information including care and risk assessments, care plans, medical records and investigation and test results.
- The practice had improved its arrangements to manage laboratory test results and ensure these were followed up promptly since our previous inspection.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

- Practice clinicians attended multidisciplinary meetings as part of the local whole systems integrated care programme 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 as required 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. All clinical staff had received training on their roles and responsibilities under the act.
- 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 assessed the patient's capacity and recorded the outcome of the assessment.
- The practice carried out minor surgery and used written consent forms to obtain informed consent from patients for these procedures.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition.
- The practice offered advice on diet, smoking and alcohol cessation and was sensitive to local cultural and religious customs in relation to lifestyle advice.
- The practice referred patients to local support organisations that could provide or direct patients to social support, leisure activities and advice.

Patient uptake for the cervical screening programme in 2016/17 was 79% compared to the CCG average of 79% and



## Are services effective? (for example, treatment is effective)

national average of 78%. Exception rate reporting was 10% compared to the CCG average of 8%. The practice ensured a female sample taker was available. The practice had implemented a system to check cervical screening results had been received and to follow up any delayed or missing results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. In 2015/16, 58% of eligible female patients had attended breast screening compared with the CCG average of 60% and 37% of eligible patients had been screened for bowel cancer compared with the CCG average of 43%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance was in line with expectations. For example the practice was meeting the national 90% target for all standard childhood vaccines offered to children by the age of two and pre-school booster vaccinations.

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

We observed members of staff were polite, kind and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatment.
- We noted that consultation and treatment room doors were normally closed during consultations. Waiting room seating was located in a separate area, well away from the consultation and treatment rooms and conversations taking place in these rooms could not be overheard.
- Reception staff said they were able to talk to patients privately when patients wanted to discuss sensitive issues or if they were distressed.

The practice's most recent results from the national GP patient survey for patient experience of consultations were similar to the national averages. For example:

- 77% of patients said they found the receptionists at the practice helpful compared with the clinical commissioning group (CCG) average of 83% and the national average of 87%.
- 91% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 86% 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 86%.
- 86% 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%.

The practice had participated in an annual patient survey among the local network of practices. The questionnaire had mirrored the national GP patient survey questions. The practice had consistently scored above the network average for questions about the quality of consultations.

The practice had also scored positively on the NHS Friends and family feedback survey. Of 60 patients who had submitted a feedback card since August 2016, 80% would recommend the practice to others.

Patients participating in the inspection commented that the practice provided a high quality service in a safe, hygienic environment. Patients consistently described the doctors and nursing staff as caring and willing to listen. The receptionists were described as being welcoming and helpful.

Patients gave us examples of compassionate, patient-centred care in relation to care they had received including examples of advice and support for carers and patients in the early stages of dementia.

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.

Patients participating in the inspection gave us examples of how they had been involved in decision making about the care and treatment they received. They also told us they had time during consultations to make an informed decision about the choice of treatment available to them.

We saw that care plans were personalised, regularly updated and included patients' goals and objectives. The GPs held regular multidisciplinary meetings at the practice, for example with the community nurses to ensure the plans were being reviewed and implemented in a coordinated way.

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

## Are services caring?

- Interpreting services were available for patients who did not speak English as a first language. We saw notices in the reception areas informing patients this service was available.
- Some information for example about cervical screening was available in easy read format.
- There was a hearing induction loop in the reception area.

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

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

The practice added alerts to the electronic record system if a patient was also a carer. The practice had identified 108 patients as carers (2% of the combined practice list). Written information was available to direct carers to the various avenues of support available to them, for example local respite services. Carers were offered flexible appointment times, the seasonal influenza vaccination and an annual health check.

Staff told us that if families had suffered bereavement, their GP contacted them. This communication was either followed by a consultation at a flexible time and location to meet the family's needs and giving them advice on how to find a support service if appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered antenatal and postnatal care including to women admitted to a nearby local mental health unit. Baby changing facilities were also available on the premises and there was a private area which could be used for breastfeeding if required.
- The practice offered sexual health screening as well as family planning services and advice for young people. Meningitis ACWY vaccinations were offered to older teenagers and new university students.
- The practice provided minor surgery to its own patients and patients registered with other local practices.
- Patients with more severe mental health problems received timely access to the relevant mental health teams. They were offered same day appointments and referrals to external organisations for further support.
- There were longer appointments available for patients with a long term condition or learning disability and wherever possible they were seen the same day.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Patients participating in the inspection confirmed that they had GPs visited them or family members at home when appropriate.
- The district nurses told us that the GPs were willing to carry out joint visits with the nurse when this would benefit the patient. They gave us an example when this had enabled a patient to avoid a hospital admission in line with their wishes.
- Same day appointments were available for children and patients with urgent medical problems.
- The practice provided extended hours evening 'commuter clinics' for patients who had difficulty attending during normal opening hours from Monday to Wednesday.
- Patients were able to receive a range of travel vaccines including the yellow fever vaccination. The practice website and the nurse provided information on which vaccinations were available on the NHS and the fees charged for privately available vaccinations.

- The practice was well equipped to treat patients and meet their needs, for example in providing minor surgery.
- Patients could choose to see a male or female GP.
- There were accessible facilities, a hearing loop and translation services available including sign language interpreters. The practice electronic records system alerted the receptionists to patients who usually needed an interpreter.

### Access to the service

The practice was open every weekday from 8am to 6:30pm. Extended hours 'commuter clinics' also ran from 6.30pm to 7.30pm from Monday to Wednesday.

Results from the national GP patient survey showed that patient satisfaction with access to the service was consistently below the CCG and national averages.

- 69% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 32% of patients said they could get through easily to the practice by phone compared with the CCG average of 65% and the national average of 71%.
- 68% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 77% and the national average of 84%.
- 66% of patients said their last appointment was convenient compared with the CCG average of 72% and the national average of 81%.
- 52% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

All the patients who participated in the inspection said they were able to get appointments when they needed them. We reviewed the appointment system on the day of the inspection. Routine pre-bookable appointments with a male or female GP and the practice nurse were available within one week and walk-in appointments were available daily.

We were told that the practice had prioritised access as an area for improvement over the previous six months. It had participated in a local initiative to audit and improve access and had developed an action plan. Actions which had been implemented included earlier opening and

# Are services responsive to people's needs?

(for example, to feedback?)

increasing the number of same day online and pre-bookable appointments alongside a daily walk-in session. Patient uptake of the online appointments system had increased and several patients told us that access had improved. These actions had also successfully addressed the problem of patients queuing before the practice opened.

The practice acknowledged it continued to experience problems with the capacity and routing of the telephone system. The telephone system was shared by all the services in the centre and was operated by the property management agency. The practice was able to show us evidence that it had raised the issue but progress on improvements had been limited so the practice had sought to diversify the ways that patients could access the practice to mitigate the immediate problems.

The practice had a system to assess:

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

Patients were asked to request home visits as early in the day as possible. The reception team passed the request to the GP to make a clinical decision on prioritisation and the outcome was communicated to the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- The practice 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, for example, there was a poster about the complaints process in the main corridor and complaints forms were kept behind reception.

The practice had received four written complaints in the last year. These had been handled in line with practice policy and dealt with in a timely way. When responding to complaints, the practice offered patients a written apology. Lessons were learnt from individual complaints and action was taken to review and improve the quality of care. For example, the practice had reviewed the reception procedure when booking appointments to include a check of patients' current contact details following a complaint about delayed communication. Complaints were a standard agenda item for discussion at the practice meetings.

# 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 clinical excellent care and improve the health of the local population.

- The practice had a mission statement. Staff we spoke with were familiar with the statement and the practice's underpinning values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The practice had identified and prioritised areas for improvement, for example promoting good self-management of diabetes.
- We saw evidence from practice and clinical meetings that incidents, significant events, complaints and safeguarding issues were discussed and lessons learned and shared.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the practice team demonstrated they had the experience, capacity and capability to run the practice and ensure that care was safe and effective.

- There was a clear leadership and organisational structure. Named staff had been assigned to lead on key areas and staff were aware of who to report to if they wanted to raise any issues or concerns. Two of the GPs had attended a local NHS leadership programme.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular and structured team meetings involving the whole team and tasks were effectively delegated and shared. The minutes were a useful record of team discussion and agreed actions.
- Staff told us there was a positive culture within the practice and they had the opportunity to raise any issues at team meetings and felt comfortable in doing so.

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 wrong with care and treatment). 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 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 patients' feedback and engaged patients in the delivery of the service.

- The practice gathered feedback from patients through the patient participation group (PPG); the NHS Friends and Family feedback survey and ad hoc comments and complaints. It also participated in the local GP network surveys which had run quarterly in 2016.
- There was an active PPG with around 30 to 50 members attending the quarterly meetings. Recent topics covered included patient access; longer opening hours and the proposed project on group sessions for patients with diabetes which the PPG supported.
- The practice had gathered feedback from staff through staff meetings, appraisals and more informal discussion.

### Continuous improvement

# Are services well-led?

Good 

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

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

- The practice had acted on the recommendation arising from our previous inspection. All relevant staff had been trained as chaperones.
- The practice was keen to share good practice for example regularly attending and contributing to locality discussions with other practices in the area. The practice had also set up shared learning sessions with the other practices in the health centre, for example on carrying out spirometry.

- The practice had identified diabetes as an area for improvement and was keen to learn from innovations that had been successful elsewhere. For example, it was about to pilot for the first time in Brent, specialist-led clinical education sessions with groups of diabetic patients and had involved the patient participation group in planning how this would work.