

Dr Jahan Mahmoodi (also known as Hazeldene 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Jahan Mahmoodi (also known as Hazeldene Medical Centre) on 11 January 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 an effective system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient's safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they felt the practice offered a good service and that staff were caring, friendly and supportive and treated them with dignity and respect.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients found it easy make an appointment with a GP with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet most of their needs, although there were some areas that required refurbishment or adaption.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are;

- Review the arrangements for the disposal of sharps used to administer cytostatic medicines.

Summary of findings

- Continue to assess and identify patients with Atrial Fibrillation (AF) to ensure these patients receive appropriate treatment.
- Continue to monitor QOF indicators where there are high exception reporting rates to ensure that patients receive appropriate treatment.
- Continue to encourage patients to attend cytology screening and child immunisation programme.
- Review current audit processes in relation to patient consent.
- Continue to monitor patient feedback including appointment access

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



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included a traffic light system developed by the practice to identify adults at high or low risk.
- Risks to patients were assessed and well managed.
- The practice had effective arrangements in place to respond to emergencies and major incidents, this included emergency medicines and assessment of the proficiency of staff skills against The Resuscitation Council (UK) guidelines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed patient outcomes were at or above average compared to the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was an effective programme of clinical audit that demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published July 2016 showed the practice was mostly comparable to other local averages for its satisfaction scores on consultations with GPs and nurses.

Summary of findings

- Patients we spoke with said they felt the practice offered a good service and that staff were, caring, friendly and supportive and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible. This included information translated in languages spoken by the practice population.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The majority of patients found it easy make an appointment with a GP with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet most their needs,
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice maintained a register of vulnerable older patients and alerts were placed on their electronic records. These patients were given same day access to see or speak to a GP as well as longer appointments if required.
- Older patients were invited for structured annual health checks and regular medication review.
- The practice engaged in local enhanced services to identify older patients at high risk of hospital admission and invite them for review to create integrated care plans aimed at reducing this risk.
- The practice held regular multi-disciplinary team meetings to discuss the care of older patients with complex medical needs. The practice also participated in the locality multi-disciplinary group where complex cases were discussed with inter-practice GPs and consultants from secondary care.
- The practice regularly utilised the community rapid response team to support older patients at home and reduce risk of hospital admission. They provided a surgery bypass number to community services for other healthcare professionals to use if they required GP input for a patient in crisis.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- The practice provided hospital-requested phlebotomy in the surgery for patients who found it difficult to travel to the local hospital.
- The practice organised transport for patients with poor mobility to access community and hospital clinics.

People with long term conditions

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

Good



- Data from 2015/2016 showed the practice was similar to or above the CCG and national average for performance indicators related to long term conditions although, there was high exception reporting for some indicators which the practice had investigated.

Summary of findings

- The practice offered regular health checks for patients with long term conditions performed by the healthcare assistant HCA with GP supervision. Patients were invited to regular GP led medication reviews.
- The practice ran condition specific clinics in house, for example a joint clinic with the community diabetic specialist nurse and a clinic with the asthma specialist nurse.
- The practice utilised community services including diabetic, cardiology and dietician services to help patients with complex medical needs manage their conditions.
- The practice engaged in local enhanced services to identify patients at high risk of hospital admission and invite them for review to create integrated care plans aimed at reducing this risk.
- The practice held regular multi-disciplinary team meetings to discuss the care of patients with complex medical needs. The practice also participated in the locality multi-disciplinary group where complex cases were discussed with inter-practice GPs and consultants from secondary care.
- The practice encouraged self-management of conditions and proactively referred patients to education programmes.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There was a named GP lead for safeguarding vulnerable adults, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments were available for children under 5 years with acute complaints.
- The practice offered childhood immunisations in line with national guidance and uptake rates were lower than national targets.
- The practice offered routine antenatal and postnatal care, including pertussis and influenza vaccinations for pregnant women and postnatal six week mother and baby checks.

Good



Summary of findings

- The uptake rate for cervical smears was 81%, which was similar to the CCG average of 77% and the same as the national average.
- The practice offered chlamydia screening to young people and sent text messages inviting them to take part.

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).

- There were extended hour appointments with the practice nurse once a week for patients unable to attend the practice during working hours.
- Patients had access to the local GP hub for same day appointments with a nurse or GP during weekdays and weekends.
- There was the facility to book appointments and request repeat prescriptions online. The practice used the electronic prescribing system that allowed prescriptions to be sent electronically to a pharmacy near the patient's home or work place.
- The practice offered new patient health checks and NHS health checks for patients aged 40 to 74 years of age with appropriate follow up of any abnormalities identified.
- The practice promoted health lifestyle programmes, such as exercise on referral. There was a trained smoking cessation advisor at the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Good



People whose circumstances may make them vulnerable

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

- There was a named GP lead for safeguarding vulnerable adults. Staff knew how to recognise signs of abuse and 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 had developed a traffic light system for identifying adults at high or low risk.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Good



Summary of findings

- The practice offered annual health checks for people with a learning disability in a dedicated clinic. Longer appointments were available if required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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).

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 86% and the national average of 84%.
- QOF data for 2014/2015 showed the practice was above CCG averages for performance in mental health related targets.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice promoted access to the internet based resource 'big white wall' to optimise mental resilience and prevent mental health crisis.
- Patients were referred to counselling and psychological therapies if required.
- The practice offered screening for depression during routine health checks with pro-active follow up of newly diagnosed patients.
- The practice maintained a register of patients experiencing poor mental health and these patients were invited to annual health checks in a dedicated clinic. Longer appointments were available if required.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016 which included data collected from July 2015 to March 2016. Three hundred and sixty one survey forms were distributed and 106 were returned. This represented a response rate of 29% and 3% of the practice's patient list. The results showed the practice was performing in line with local averages for some responses and below for others. For example,

- 60% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 60% 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 68% and the national average of 76%.
- 65% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.

- 54% 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 72% and the national average of 80%.

Results from the Friends and Family Test (FFT) for the period January 2016 to December 2016 showed that 80% of respondents would recommend the practice to their friends and family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Comments received described staff as knowledgeable, caring, friendly and supportive and the environment as tidy and clean. The few negative comments received described long waits to get an appointment with a named GP. We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the arrangements for the disposal of sharps used to administer cytostatic medicines.
- Continue to assess and identify patients with Atrial Fibrillation (AF) to ensure these patients receive appropriate treatment.
- Continue to monitor QOF indicators where there are high exception reporting rates to ensure that patients receive appropriate treatment.

- Continue to encourage patients to attend cytology screening and child immunisation programme.
- Review current audit processes in relation to patient consent.
- Continue to monitor patient feedback including appointment access.

Dr Jahan Mahmoodi (also known as Hazeldene Medical Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Jahan Mahmoodi (also known as Hazeldene Medical Centre)

Dr Jahan Mahmoodi (also known as Hazeldene Medical Centre) is a well-established GP practice situated within the London Borough of Brent. The practice lies within the administrative boundaries of NHS Brent Commissioning Group (CCG) and is a member of the King Kingsbury and Willesden Healthcare Ltd locality.

The practice provides primary medical services to approximately 3,100 patients. There is a transient patient population of approximately 10% of patients joining and leaving the practice annually.

The practice holds a core General Medical Services Contract (GMS) and Directed Enhanced Services Contracts. The practice is located at 1B Wyld Way, Wembley, London HA9 6PW with good transport links by bus and rail services.

The practice operates from a converted house which is owned and managed by the principal GP. The building is

set over two floors with stair access only. There are currently two consultation rooms on the ground floor and one on the first floor with stair access. The reception and waiting area are on the ground floor and there is a non-static wooden ramp access to the entrance of the building. There are toilet facilities on the ground floor but due to the width of internal corridors and doors wheelchair access is restricted. There is on site disabled parking bays and free off street parking in the areas surrounding the practice. Following a successful premises improvement grant bid from NHS England an extension to the ground floor of the premises is currently in progress which when complete will add an additional three consultation rooms. The practice has submitted a further improvement grant bid to NHS England in September 2016 to help fund an upgrade of the practice facilities and they were awaiting a decision.

The practice population is ethnically diverse of which 44% are estimated to have an Asian background. There is lower than the national average number of patients between 0 and 19 years of age and 65 years plus and a much higher than the national average number of patients between 25 and 39 years of age. The practice area is rated in the fifth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (49%, 50%, and 54% respectively).

Detailed findings

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

The practice team comprises of a principal male GP and two long term locum female sessional GPs who collectively work a total of 15 to 18 clinical sessions per week with 89 appointments per 1000 patients delivered weekly across the clinical team. The GPs are supported by two part time practice nurses working four sessions a week, a diabetes specialist nurse who works one day a week, a health care assistant working five sessions weekly, a practice manager and four administration staff.

The practice opening hours are from 7.30am to 6.30pm Monday to Friday with the exception of Wednesday when it is closed from 1pm. Consultation times in the morning are from 9.30am to 12pm Monday to Friday and in the afternoon from 3.30pm to 6pm Monday, Tuesday, Thursday and Friday. Extended hour appointments with the practice nurse are offered from 6.30pm to 8pm on Friday evening and telephone consultations with a GP on Monday and Tuesday mornings from 7.30am to 8am. Pre-bookable appointments can be booked four weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, child health surveillance and contraception and family planning.

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.

We had not previously inspected this service.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 January 2017. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Detailed findings

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. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred when the vaccination fridge became unplugged overnight, after taking appropriate action to ensure safety of the vaccinations, the event was discussed at the practice meeting and changes were made to processes in place. The fridge plug was consequently covered with a protected socket to prevent a similar event occurring and a member of the administration team was allocated to check the fridge at the end of each working day.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, flagged alerts were

added to the patient electronic record and vulnerable patient registers were discussed at practice meetings. The practice had developed a traffic light system for identifying adults at high or low risk. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3, nurses to level 2 and non-clinical staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The principal GP was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken or was planned to be taken to address any improvements identified as a result. For example, the practice had adapted their infection prevention and control policies to include gaps identified at the last infection control audit September 2016. The audit also identified that hand wash basins were not elbow or wrist operated but an action plan was in place for their replacement, as part of the on-going refurbishment of the practice. We observed that there were no separate receptacles for the disposal of sharps used to administer cytostatic medicines for example, hormone containing medicines.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments, carried out fire drills every three months and tested the fire alarm weekly. Named staff had been trained as fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. A comprehensive list of all equipment used at the practice was maintained including the frequency of when checks were required. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control, health and safety and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we did observe that the repeat prescription box mounted on a wall in the waiting area posed a potential risk to patients sitting close to it as it may cause injury when standing up. Following the inspection the practice told us that the waiting room had been re-organised to mitigate potential injury risk in relation to the position of the repeat prescription box.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and undertook in-house simulation assessment based on different emergency scenarios, to test the proficiency of skills and the emergency arrangements in place. For example, the last simulation assessment focused on the proficiency of chest compression skills learned by staff against Resuscitation Council (UK) guidelines.
- There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks, but there was no paediatric oxygen saturation monitor used to monitor oxygen levels in the blood. Following the inspection the practice told us that a paediatric oxygen saturation monitor had now been put in place. A first aid kit and accident book was 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. A monthly log was maintained of all emergency medicines held including the expiry date of each stock item.
- The practice had a comprehensive business continuity and recovery plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and arrangements with a buddy GP practice for the use of their premises and facilities in the event of building loss.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 2015/16 were 99.5% of the total number of points available compared to the CCG average of 95.5% and the national average of 95% Clinical exception reporting was 13%, which was above the CCG average of 9% and the 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. There was evidence that the practice audited and monitored high exception rates and took actions to improve them.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

Performance for diabetes related indicators was similar to or above the CCG and national average with high exception reporting in some areas. For example;

- The percentage of patients with diabetes in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 88%, which was above the CCG average of 77%. Exception reporting was 23% compared to the CCG average of 12% and England average of 12.5%.
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding

12 months) was 140/80 mmHg or less was 83%, which was above the CCG of 80% and national average of 78%. Exception reporting was 11% compared to the CCG and England average of 9%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 83%, which was above the CCG and national averages of 80%. Exception reporting was similar to the CCG and England averages.

The practice had conducted a clinical audit to identify any measures that they could take to reduce high exception rates for this indicator. The first cycle of the audit November 2015 identified that 55% of insulin dependent patients had been reviewed at a diabetic clinic in the last 12 months and an exception reporting rate of 15%. Potential reasons for low attendance were discussed by the practice which led to the implementation of a dedicated weekly diabetic clinic led by a specialist diabetic nurse contracted by the practice. The second cycle audit November 2016 showed a decrease in exception reporting to 10% and an increase in the percentage of insulin dependent patients reviewed to 85%.

Performance for mental health related indicators was above the CCG and national averages. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100%, which was above the CCG average of 91% and the national average of 89% with an exception reporting rate of 21% (five out of 24 diagnosed patients).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100%, which was below the CCG average of 91% and national average of 89% with an exception reporting rate of 25% (six out of 24 diagnosed patients).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% which was above the CCG average of 86% and the national average of 84% with a zero exception reporting rate.

Are services effective?

(for example, treatment is effective)

Performance for other health related indicators 2015/116 was above CCG and national averages. For example,

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 83%, which was the same as the CCG and national averages.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 100%, which was above the CCG average of 92% and the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored. For example, the practice completed an audit on the prevalence of atrial fibrillation (AF) in their practice population following review of CCG data that identified them as having a lower prevalence rate compared to other local practices. First cycle data showed the practice prevalence rate of AF was low at 0.33%. The results were discussed at the practice meeting to identify ways of improving detection of the condition and therefore increasing prevalence figures. Electronic records and hospital letters were reviewed to identify any patients with a diagnosis of AF who had not been coded correctly and therefore missed from the list. Clinicians were also advised to perform opportunistic pulse checks during consultations to identify patients with irregular heart rates that required further investigation. Second cycle data showed an increase in the prevalence rate to 0.45%. However, this was still low compared to other practices in the CCG and the practice told us their aim was to set up a clinic for patients over the age of 65 years to assess for AF, improve diagnosis and ensure these patients received appropriate treatment.
- The practice participated in local audits, national benchmarking and peer review. Findings were used by the practice to improve services. For example, the practice attended regular CCG led meetings with other local practices and reviewed performance data, such as prescribing rates and referrals, to identify areas for

improvement and share learning. The practice had one of the lowest rates for prescribing antibiotics in the CCG and attributed this to patient education and used patient information leaflets to reduce demand for unnecessary antibiotics.

- Information about patients' outcomes was used to make improvements. For example, the practice engaged in the local admission avoidance scheme to identify patients at high risk of hospital admission using risk stratification tools and invited them in for review to create integrated care plans aimed at reducing this risk. The practice had achieved the target of completing 2% of these care plans. Patients on the admissions avoidance list were seen in a joint clinic appointment with the GP and Health care assistant (HCA). The list was reviewed three monthly with changes made to care plans if required. Housebound patients were reviewed in their homes by the HCA and community co-ordinator.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff and this covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and information governance. There was an extensive locum doctor's information pack which was provided to locum GPs when contacted by the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The specialist nurse practitioner had completed a post graduate diploma in diabetes and the practice nurse chronic obstructive pulmonary disease (COPD) training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, 360 degree feedback, meetings and reviews of practice development needs. Staff had

Are services effective?

(for example, treatment is effective)

access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, infection control, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Protected time was provided to all staff to complete internal and external training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

- The practice used written consent forms for joint injection procedures. We did not see evidence that the process for seeking consent was monitored through patient record audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme 2015/16 was 81%, which was similar to the CCG average of 77% and the same as the national average, with an exception reporting rate of 21% (CCG 9%, national 6.5%). The practice was aware of the high exception rate for this indicator and had conducted a clinical audit to determine the reasons for the 21% exception rate and to implement measures to reduce this. The first cycle of the audit in May 2015 identified that 47% of exceptions were due to patient choice, 32% for medical reasons and 21% new patient registrations. Following this the practice implemented additional measures to raise cervical cancer awareness to promote cervical screening. This included the display of cervical cancer awareness posters in the waiting room and targeting the patients who had refused a cervical smear more than once. The second cycle of the audit in October 2016 demonstrated a reduction of exception reporting from 21% to 11% and a reduction in the number of patient choice exceptions from 47% to 32%. Further improvements were participated for year end. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. There was a policy to offer telephone and text reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake 2014/15 for female patients aged 50 to 70 years of age screened for breast cancer in the last 36 months was 69%, which was

Are services effective?

(for example, treatment is effective)

above the CCG average of 63.5% and below the national average of 72%. The practice uptake 2014/15 for patients aged 60 to 69 years of age screened for bowel cancer in the last 30 months was 43%, which was similar the CCG average of 45% and below the national average of 58%.

Childhood immunisation rates 2015/16 for the vaccinations given were lower compared to national averages. The practice did not achieve the 90% national expected coverage of immunisations given to children up to two years of age in the four areas measured. Data showed that;

- 88.5% of children aged one had received the full course of recommended vaccines.
- 84% of children aged two had received pneumococcal conjugate booster vaccine.
- 81% of children aged two had received Haemophilus influenza e type b and Meningitis C booster vaccines.
- 81% of children aged two had received Measles, Mumps and Rubella vaccine.

Immunisation rates for five year olds were below CCG and national averages. For example:

- Measles, Mumps and Rubella dose one vaccinations for five year olds was 81%, compared to the CCG average of 91.5% and the national average of 94%.
- Measles, Mumps and Rubella dose two vaccinations for five year olds was 58%, compared to the CCG average of 81% and the national average of 88%.

The practice operated a patient reminder and re-calls system to encourage immunisation uptake and advised the community health visiting team to follow up with parents when no response was made.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were knowledgeable, caring, friendly and supportive and treated them with dignity and respect.

We spoke with one members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published July 2016 showed that the majority of patients felt they were treated with compassion, dignity and respect. The practice was mostly comparable to local averages for satisfaction scores on consultations with GPs and nurses, but fell below national averages for others. For example:

- 78% of patients said the GP was good at listening to them which was comparable to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 68% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 65% 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%.

- 78% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%.
- 84% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 86% and the national average of 91%.
- 82% of patients said the nurse was good at giving them enough time compared to the CCG average of 86% and the national average of 92%.
- 77% 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%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 93% and the national average of 97%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local averages but fell below national averages in some areas. For example:

- 75% 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%.
- 70% 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%.
- 82% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 90%.

Are services caring?

- 70% 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Practice staff spoke a range of languages including those spoken by some of the practice's population including Gujarati and Hindi.
- Information leaflets were displayed in easy read format in the waiting area including health information translated in other languages for example, cervical screening literature in Gujarati. Patient information posters about the services provided were also displayed in languages spoken by the practice population.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice had a generic system on registration that asked if a patient was also a carer and posters were displayed in the waiting area encouraging carer identification. Carers were also opportunistically identified including young carers who may be performing caring functions for a family member and Text messages were sent asking if patients were carers. The practice had identified 33 patients as carers (1% of the practice list) however, there were no alerts on patients' notes to inform GPs if a patient was also a carer. Carers were offered annual health checks and flu immunisations opportunistically and were referred to local carer's services for support if required. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a condolence letter. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. An information booklet titled 'Help through bereavement' was available in the waiting area for patients to access.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had successfully secured funding from NHS England's Primary Care Infrastructure Fund to extend the ground floor of the premises to accommodate three additional consultation rooms at the back of the building. The extension was due to be completed in February 2017 with the additional space planned to provide additional GP and specialist nurse appointments and to host community services. The practice attended regular CCG meetings with other local practices to review performance data, including prescribing rates and unplanned admissions, to identify areas for improvement and share knowledge.

- Extended hour appointments were available once a week with the practice nurse for patients unable to attend the practice during working hours.
- There were longer appointments available for patients with a learning disability.
- 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 those patients with medical problems that require same day consultation. Patients also had access to same day appointments with a GP or nurse at the local CCG funded GP hub seven days a week.
- Patients could book/cancel appointments and order repeat prescriptions on line if signed up to do so. The practice used a text messaging service to remind patients of appointments and to inform them when diagnostic test results were available.
- Patients were able to receive travel health advice and travel vaccinations available on the NHS as well as those only available privately.
- The practice had access to translation and sign language services but there was no hearing loop for patients with hearing impairment but this had been applied for.
- The practice had constricted access for wheelchair users due to the construction of the building. There was no static ramp to the entrance of the premises but the

practice used a portable wooden ramp when required. In addition the width of internal corridors and doors restricted wheelchair access to toilet facilities. The practice had submitted an improvement grant bid to NHS England in September 2016 to extend and improve facilities and accessibility and was awaiting a decision.

Access to the service

The practice was open from 7.30am to 6.30pm Monday to Friday with the exception of Wednesday when it was closed from 1pm. Appointments in the morning were from 9.30am to 12pm Monday to Friday and in the afternoon from 3.30pm to 6pm Monday, Tuesday, Thursday and Friday. Extended hour appointments with the practice nurse were offered from 6.30pm to 8pm on Friday evenings and telephone consultations with a GP from 7.30 am to 8am Monday and Tuesday mornings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey 2015/16 showed that patient's satisfaction with how they could access care and treatment was variable, with some results comparable to local averages and some below national averages. For example,

- 60% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 60% 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 68% and the national average of 76%.
- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 76% of patients said the last appointment they got was convenient compared to the CCG average of 87% and the national average of 92%.
- 39% of patients said that they usually wait more than 15 minutes after their appointment time to be seen compared to the CCG average of 42% and the national average of 28%.

The practice monitored patient feedback and had conducted two independent patient surveys on appointment access to identify areas that could be improved. Findings from the first survey in August 2016

Are services responsive to people's needs?

(for example, to feedback?)

resulted in the practice increasing the number of GP appointments through the addition of specialist nurse clinics for long term conditions. They also raised awareness of the availability of same day appointments at the local CCG funded GP hub. Findings from the second survey in November 2016 demonstrated a 14% improvement for patient satisfaction in booking an appointment with a GP.

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

The practice had a system in place to assess:

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

All home visit requests were logged by reception staff which were then considered and prioritised by the duty GP 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.

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.
- The practice manager was the 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 in the practice complaints leaflet and on the practice website.
- Complaints were a standing agenda item at the monthly practice meeting.

We looked at nine complaints received in the last 12 months and found they had been satisfactorily handled, with openness and transparency and with verbal or written apologies provided where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and actions were taken as a result to improve the quality of care. For example, following a complaint about difficulty accessing appointments with the practice nurse, the practice discussed the complaint and increased the number of nursing appointments available.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission and vision statement which was displayed in the waiting room and staff knew and understood the values and their role in achieving them.
- The practice had a strategy and supporting business plans which reflected the vision and aims which were regularly reviewed and discussed with staff to promote ownership and delivery of good outcomes for patients.

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. There were written roles and responsibilities for each staff group with the exception of GPs.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There were several examples of independent two cycle clinical and non-clinical audits that identified and drove improvements for patients.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the principal GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The principal GP and practice manager encouraged a culture of openness and honesty and staff we spoke with confirmed this. The practice had systems in place to ensure that when things went wrong with care and treatment;

- The practice gave affected people reasonable support, truthful information and a verbal or written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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

- Staff told us the practice held regular practice team meetings with minutes documented and available for staff to view. The principal GP met with GPs before and after clinical sessions once a week, but there were no formal clinical meetings where minutes were recorded.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the principal GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met

Are services well-led?

Good 

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

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG actively engaged in a survey to determine what languages patients wanted to receive practice information and the three main subject areas that were important to them. As a result patient information posters were displayed in the languages of preference.

- The practice had gathered feedback from staff through staff meetings, appraisals, 360 degree feedback and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the principal GP or practice manager. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice premises were in the process of development with an extension to house three additional consultation rooms to increase clinical capacity. There were further plans to improve the premises and environment to meet recommended specifications including, the replacement of sinks and flooring, improved facilities for people with disabilities and technology advancement. The practice had submitted an improvement grant bid to NHS England in September 2016 to assist the funding of the plans and was awaiting a decision.

The practice strategy of future direction was based on diversifying the skill mix in line with the GP five year forward view and to offer more help specific to patient need delivered by different health clinicians.