

Greenhill Park 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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

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 Greenhill Park Medical Centre on 26 March 2015. The practice also provides services at another surgery at Neasden Health Centre. Patients registered with the practice may attend either surgery. On this occasion we inspected Greenhill Park Medical Centre which is the practice's smaller, branch surgery and overall we rated the service at this location as requires improvement.

Specifically, Greenhill Park Medical Centre required improvement for providing safe and effective services and for being well-led. The practice also required improvement for its care of older people; people with long-term conditions; families, children and young people; people of working age; people whose circumstances may make them vulnerable; and, people experiencing poor mental health. The practice was rated as good for providing caring and responsive services.

Our key findings were as follows:

- The practice had effective systems in place to manage risks associated with staff recruitment, infection control, child protection and safeguarding and medical emergencies. Staff needed to be clearer on who was the lead for these areas in the practice however.
- The practice understood the needs of the population and had developed the service and skills of the staff team to meet patients' needs. We found that care for long-term conditions such as diabetes was being managed effectively in the community and care was provided in partnership with other specialist and community services.
- Patient satisfaction scores for both this branch and the main practice were generally positive. Thirty-six patients completed Care Quality Commission (CQC) comment cards about the service before our inspection. All but three of these were wholly positive about the service and staff.
- Feedback was positive about access to appointments and the practice scored better than other practices in the local area for this aspect of care.

Summary of findings

- Staff told us they were well supported and had access to the training they needed to develop in their role.

However, there were also areas of practice where the provider needs to make improvements.

Action the provider MUST take to improve:

Importantly, the provider must:

- Ensure that all prescription materials are stored securely and can be tracked.
- Ensure that patient group directions in use in the practice are correctly signed by the principal GP and practice nurse.
- Provide clinical staff, regular opportunities for effective clinical review, reflection and support.
- Ensure that staff are aware of the designated practice lead for child protection, safeguarding, health and safety, infection control and other key areas of practice.

Action the provider SHOULD take to improve:

The provider should:

- Develop an audit programme so that where appropriate audit cycles are completed and the results of clinical audit are shared across the clinical team.
- Expand its cytology service so that eligible patients routinely have the option of having cervical smears at the practice.
- Where appropriate, share relevant significant events with other health providers to help reduce the risk of reoccurrence.
- Develop a system to monitor the implementation of national safety alerts
- Do more to obtain patient feedback about the service, for example by setting up a patient participation group.
- Implement a reminder system to ensure that required updates, for example, in relation to staff members' mandatory training are not missed.

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 requires improvement for providing safe services.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were carried out promptly and the practice had started documenting and sharing these so lessons could be shared. The practice had systems and processes to assess and manage risks, for example, in relation to repeat prescribing, infection control and the safety and security of the premises and equipment.

The practice carried out necessary checks when recruiting new members of staff to ensure they were suitable to work in general practice. Staff members were trained to the appropriate level on child protection and had been trained on protecting vulnerable adults. Staff who undertook chaperone duties had undergone criminal records checks and were clear about how to carry out this role effectively.

Most aspects of the practice's management of medicines and prescribing were safe. However, prescription pads used for home visits were not stored securely and the patient group directions in use to authorise nurse-led immunisations had not been signed by the GP principal or practice nurse.

The practice had a range of equipment and medicines on the premises for use in an emergency and staff were trained how to respond in an emergency. The practice had recently responded appropriately to a medical emergency.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. Staff were suitably qualified to deliver effective care and treatment.

The practice was scoring highly on the Quality and Outcomes Framework (QOF). The practice could show it had improved practice and outcomes as a result of participation and monitoring of local commissioning priorities. However, clinical audit was not being used within the practice to drive improvements. The practice provided health promotion services and had recently started to offer cervical screening to eligible patients but uptake rates were still very low.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

The practice supported patients to understand and access the local services available including emotional support. We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of its local population to secure service improvements where these had been identified.

The practice provided information for patients on how to access primary care services when the practice was closed. Patient feedback on access to the service was positive with the practice scoring comparatively highly on the national patient survey for access and convenience. Information about how to complain was provided to patients. Learning from complaints and feedback was shared with staff.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. Staff were clear that the practice had a patient-centred ethos and described the leadership as being open and approachable. However there were gaps in the governance systems to monitor, review and drive improvement within the practice. There were also few structured, regular opportunities for clinical meetings and review at the branch practice and a lack of visible clinical leadership. This led to some confusion over responsibilities. The practice was responsive to feedback but had a limited range of mechanisms to obtain the views of patients.

Requires improvement



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 requires improvement for the care of older people. There were aspects of care and treatment that required improvement that related to all population groups. The practice offered personalised care to meet the needs of the older people in its population. The practice had a designated named GP for patients who are 75 and over and care plans were in place for patients with complex health conditions who were at risk of rapid deterioration and hospital admission.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. There were aspects of care and treatment that required improvement that related to all population groups.

The practice had identified patients with long-term conditions and offered these patients a structured annual review to check that their health and medication needs were being met. The practice had a particularly strong track record in relation to diabetes care. For example it had actively encouraged patients to attend for an annual review for many years. The practice was also able to offer insulin initiation for appropriate patients at the main practice, avoiding the need for hospital attendance. The principal GP had liaised and shared their learning on the management of diabetes with other general practice providers locally. The practice had achieved a good uptake among patients with long-term conditions for flu vaccination.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were aspects of care and treatment that required improvement that related to all population groups.

The principal GP was the safeguarding lead for the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and also cases of domestic violence. Records showed the lead GP liaised and sought advice from other health and social care professionals when necessary. The practice provided baby immunisations and six week post-natal checks. A nurse visited the practice twice a week and there were immunisation clinics available. Appointments were available after core school hours.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). There were aspects of care and treatment that required improvement that related to all population groups. The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible. Appointments at the practice were available until the early evening. Patients were also free to attend the main practice which offered extended hours. Telephone consultations were available during opening hours. The practice was not yet providing health checks to adults aged 40-74 however.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There were aspects of care and treatment that required improvement that related to all population groups. The practice had a register of patients with learning disabilities and offered annual health checks and longer appointments to this group. Almost all patients on this register had already had a health check in the previous 12 months. Staff knew how to recognise signs of abuse in vulnerable adults and children and the electronic system was tagged with information to alert staff to vulnerable patients when they attended the practice. An interpreter service was available for patients whose first language was not English.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There were aspects of care and treatment that required improvement that related to all population groups. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, and patients experiencing alcohol and substance abuse. The practice sign posted patients to the appropriate specialist services. The practice was participating in enhanced services for dementia and as a result its dementia screening and referral rates to the specialist integrated care service were increasing.

Requires improvement



Summary of findings

What people who use the service say

The 2014 National GP Patient Survey results included both the main and branch surgeries. The response rate for the practice was 26%. Three quarters of respondents described their overall experience of the service as good and two thirds of respondents said they would recommend the practice to others.

While the majority of respondents were positive about the practice, the practice tended to score less positively for questions about the quality of consultations and the service overall than the Brent average. For example, 66% of respondents reported that the last GP they saw or spoke to was good at involving them in decisions about their care compared to the average Brent score of 78%. Seventy-two percent of respondents reported that the last GP they saw or spoke to was good at treating them with care and concern compared to the average Brent practice score of 81%.

However, the practice scored more positively than average for questions about the ease and convenience of obtaining an appointment. Ninety-one percent of respondents found it easy to get through to the practice

by phone compared to the Brent average score of 70%. While 80% of respondents described their experience of making an appointment as good compared to the Brent average of 68%.

We spoke with three patients who used the service and reviewed 36 Care Quality Commission (CQC) comment cards with feedback from patients. The feedback from the comment cards was almost wholly positive about the service. Patients commented positively on the reception staff, the practice manager and the GP at the branch surgery, saying that they were listened to, treated with respect and had experienced good care. One patient described how they had been diagnosed with diabetes and the ongoing advice and support they had received from the practice team. This patient said they were confident they could now manage their condition effectively as a result.

The practice had introduced the “Friends and Family” patient feedback card as required but had not recently conducted its own patient survey and did not currently have other regular forms of patient engagement.

Areas for improvement

Action the service **MUST** take to improve

Importantly, the provider must:

- Ensure that all prescription materials are stored securely and can be tracked.
- Ensure that patient group directions in use in the practice are correctly signed by the principal GP and practice nurse.
- Provide clinical staff, regular opportunities for effective clinical review, reflection and support.
- Ensure that staff are aware of the designated practice lead for child protection, safeguarding, health and safety, infection control and other key areas of practice.

Action the service **SHOULD** take to improve

The provider should:

- Develop an audit programme so that where appropriate audit cycles are completed and the results of clinical audit are shared across the clinical team.
- Expand its cytology service so that eligible patients routinely have the option of having cervical smears at the practice.
- Where appropriate, share relevant significant events with other health providers to help reduce the risk of reoccurrence.
- Develop a system to monitor the implementation of national safety alerts
- Do more to obtain patient feedback about the service, for example by setting up a patient participation group.
- Implement a reminder system to ensure that required updates, for example, in relation to staff members' mandatory training are not missed.

Greenhill Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included two GPs.

Background to Greenhill Park Medical Centre

Greenhill Park Medical Centre is part of a practice providing GP-led primary care services to around 7,600 patients living in the areas of Harlesden and Neasden in North West London. The practice holds a General Medical Services (GMS) contract with NHS England to deliver primary care services to the local community.

Greenhill Park Medical Centre is the practice's smaller branch surgery and is located in Harlesden. The practice also runs a larger surgery, Neasden Medical Centre, located around two miles away. Patients have the option of attending either surgery. We were told that around 3,400 patients regularly use Greenhill Park Medical Centre. At the time of the inspection, another GP practice was also sharing the premises at Greenhill Park Medical Centre by arrangement with the practice and NHS England.

The practice is owned by a GP principal who works at the main surgery. Greenhill Park Medical Centre is staffed by a female salaried GP and a receptionist. The practice manager also attends the practice regularly.

The practice opening hours are 08:00 – 18:00 every weekday except Thursday afternoon, when both surgeries close from 13:00. Appointments at Greenhill Park Medical Centre are available between 09:30 and 11:30 every weekday morning and between 16:00 and 18:00 on

Monday, Tuesday, Wednesday and Friday. We were told that patients who required urgent attention could also be seen between 18:00 and 18:30 if necessary. Extended hours appointments are offered from 07:00 to 08:00 Monday to Thursday at the main surgery.

The practice has opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients are directed to the local out-of-hours service or the NHS 111 service. Patients can also be seen out-of-hours at a local “hub”, that is, a designated practice in the locality providing primary care services, with additional evening and weekend hours available.

The practice has a relatively high proportion of patients between the ages of 20-39 and a lower than average proportion of patients over the age of 65 and serves an ethnically diverse population. The practice falls within the 20% most deprived areas in England.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

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

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

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

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

- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice including the National GP Patient Survey 2014. We asked other organisations such as NHS England and NHS Brent Clinical Commissioning Group (CCG) to share what they knew about the service. The practice sent us a summary of information about their clinical audit, significant events and complaints.

We carried out an announced visit on 26 March 2015. During our visit we spoke with a range of staff including GPs, the practice manager, the practice nurse and reception staff. We reviewed a range of documentary information such as practice policies, additional audit reports and training records. We also reviewed a number of individual patient care plans and medication reviews. We spoke with four patients who used the service. We reviewed comment cards completed by 36 patients sharing their views and experiences of the service. The principal GP did not attend the inspection and we telephoned them after the visit for further clarification.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety, for example incident reports, complaints, safeguarding concerns and national patient safety alerts. The practice had a register covering both the main and branch surgeries of significant event reports since 2010. The staff we spoke with were aware of their responsibility to raise concerns, and knew how to report incidents and near misses. For example, staff told us about a recent significant event at the main surgery which had involved a patient who was brought to the surgery in cardiac arrest. The incident had been documented and discussed within the practice. During the incident, staff had responded appropriately by calling the emergency medical services and a GP had started cardiopulmonary resuscitation. The learning from this experience had resulted in a decision that two receptionists should always be on duty.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. This had recently been reviewed and discussion of events and learning points were now typed up and stored electronically. There had been four significant events since October 2014. The practice had discussed two of these. Two had occurred within the last two weeks and had not yet been discussed as a team.

Significant events and incidents were reported on a standardised form which included details of the event, key risks, specific action required to prevent reoccurrence and learning outcomes. All staff including the administrative team were aware of the process to follow and sent completed incident forms to the practice manager. Staff we spoke with were able to provide examples of recent incidents they had discussed as a team.

An example involved an ambiguous instruction within a patient's discharge letter. The practice staff had not realised that the letter contained an instruction for the GP which led to a delay in a referral for the patient concerned. The practice team had discussed the case, and identified learning points to avoid reoccurrence, for example taking responsibility for checking that all actions outlined in

discharge letters had been completed. The practice had not however, contacted the health care provider issuing the discharge letter to share information about the incident and alert them to the risk of unclear wording.

The doctors were signed up to receive direct electronic national patient safety alerts about medicines and products and changes to clinical guidelines. The practice manager told us there was no additional system to remind clinical staff of alerts or to check that alerts had been implemented. The GP was able to give examples of relevant alerts they had received and explain how they had responded.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. There were procedures for escalating concerns and receiving feedback from the local Multi-Agency Safeguarding Hub (MASH). The practice's child protection and adult safeguarding policies had been updated with the contact details for the MASH. The practice also displayed the contact details for local child protection and adult safeguarding teams in each room for ease of reference.

The GP principal was the named lead for safeguarding and child protection in the practice but some of the staff we spoke with did not know this. All staff recognised the importance of reporting concerns quickly and said they would ensure these were escalated to the practice manager or the salaried GP as a matter of urgency. The practice manager knew who the safeguarding lead was.

All staff were up to date with training in child protection and safeguarding vulnerable adults. The GP and nurse had recently been trained to "level 3" on child protection. Staff understood the concept of safeguarding, adults and children who might be at risk and different types of abuse. They told us they had never yet had to raise a safeguarding or child protection alert in practice.

There was a system to highlight vulnerable patients on the electronic records system, and we were shown examples. The practice staff communicated with social services and health visitors about patients and children known to be at risk. Alerts about children remained on the practice's electronic records until the practice received confirmation from MASH that there was no longer a concern.

Are services safe?

A chaperone policy was in place and staff understood their role and responsibilities when acting as a chaperone. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The practice displayed a notice in the waiting area and consulting rooms informing patients they could request a chaperone. All staff who acted as chaperones had undertaken a Disclosure and Barring Service (DBS) criminal records check and understood the role. (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). Practice policy was that only staff who had undergone DBS checks were permitted to act as chaperones. Staff we spoke with were aware of this policy and how it related to them.

Medicines management

We checked medicines stored in the medicine refrigerator and found they were stored securely and were only accessible to authorised staff. The fridge was located in a room currently being used by the practice nurse from another practice. When this member of staff was not present the room was kept locked.

The practice followed written procedures to ensure that medicines were kept at the required temperatures. These described the action to take in the event of a potential failure. The fridge temperature was checked and documented daily. Records showed that the appropriate temperature range had been maintained. Staff we spoke with knew who was responsible for monitoring the fridge and what to do if the temperature fell outside the acceptable range. The practice had contingency plans in place to safely transfer medicines to the main practice in the event that the fridge failed.

Processes were in place to check that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Telephone requests for prescriptions were not accepted for safety reasons. The

practice asked patients to allow 48 hours for repeat prescriptions to be processed but could give us examples when they had responded more quickly to ensure that patients had access to medicines they needed.

The practice had procedures in place to protect the security of prescriptions. However, we found that blank prescription forms were not always handled in accordance with national guidance and stored securely. In particular, prescription pads taken on home visits were insecurely stored in a consulting room drawer.

There was a system in place for the management of patients taking high risk medicines such as warfarin. Blood test results were monitored before prescriptions were issued, and we saw evidence that this had been clearly documented in patients' electronic records.

Vaccines, including childhood immunisations, were administered by a practice nurse employed by another healthcare provider. We saw patient group directions had been produced in line with legal and national guidance but these had not been signed by the principal GP as required.

Cleanliness and infection control

We observed the premises to be clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. The policy covered needle stick injury and staff knew the procedure to follow in the event of an injury. There had been no needle stick injuries in recent years.

The principal GP was the lead for infection control. However some staff in the practice were unclear about who the lead was and said they referred to the nurse or the practice manager if they had immediate questions about infection control. The principal GP rarely attended the branch surgery but was contactable by telephone and staff described him as approachable.

Induction training included learning about the practice's infection control procedures. Staff received annual updates thereafter. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were

Are services safe?

available in treatment rooms. The practice had a detailed cleaning schedule. The cleaning rota showed that checks were carried out on a weekly and monthly basis and that this was recorded.

There were arrangements in place to ensure the safe management of healthcare waste. Sharps containers were available in all consulting rooms for the safe disposal of needles and sharp items. Clinical waste

including sharps were stored in an appropriate locked container until collection by a contracted waste management company. There was no specimen collection service at the branch surgery. Instead specimen samples were taken by staff daily to the main surgery for collection.

The practice had not yet had a formal legionella risk assessment undertaken in relation to the premises at Greenhill Park Medical Centre. (Legionella is a bacterium which can contaminate water systems in buildings). The practice had booked this risk assessment to take place in March 2015 but the contractor had been unable to attend and a new date in April 2015 had subsequently been confirmed.

The practice had undergone an external audit of its infection control procedures in 2014. The audit found that the practice was generally following accepted guidelines and meeting most infection control standards. The audit report made some recommendations which the practice had implemented, for example replacing curtains made out of fabric around examination couches. The practice had not conducted its own audit of infection control during the previous year, as it could refer to the external review which had been carried out by the local NHS infection control team.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that equipment was tested and maintained regularly in line with the manufacturers' instructions and we saw equipment maintenance logs and other records confirming this for items including the blood pressure monitors and weighing scales.

We saw documentary evidence that relevant equipment such as spirometers and blood pressure monitors were calibrated annually (that is, checked to ensure that they

gave readings that were accurate and reliable). The practice had a contract with an external agency to provide calibration of equipment annually. The practice kept records to show that the electrical installation and gas safety were inspected as required and found to be satisfactory.

Staffing and recruitment

During our inspection we reviewed the staff files for two members of staff. The staff files we looked at contained evidence that recruitment checks had been undertaken prior to employment. For example, proof of identification, right to work checks, references, qualifications, registration with the appropriate professional body and employment history. Criminal records checks through the Disclosure and Barring Service (DBS) had been undertaken for all clinical staff and any non clinical staff undertaking chaperone duties. One member of staff had been recruited within the last twelve months. Their recruitment file was complete with evidence of completion of induction and other mandatory training. The practice provided a comprehensive induction for staff as part of the recruitment process. We saw induction programmes for clinical and administrative staff.

Staff told us there were enough staff to maintain the smooth running of the practice. The usual staff complement was one GP providing nine clinical sessions per week, one receptionist and a part-time nurse. The practice manager also regularly attended the branch surgery. This staffing complement seemed low given that the practice manager told us that 3,400 patients regularly used the service. However, patient feedback and appointment availability did not indicate any particular issues with access to the service. The practice provided some services, such as specialist clinics and minor surgery at the main surgery only. There was a rota system in place to ensure that enough staff were on duty. In the event of staff absence at short notice, staff at the main surgery were able to provide cover if required.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice had health and safety policies

Are services safe?

and we saw evidence of health and safety training as part of staff induction. The principal GP was the nominated health and safety representative. Health and safety information was displayed and visible to staff.

The practice had carried out a fire safety risk assessment, had fire safety equipment routinely checked and clearly signposted emergency exits. The practice had recently carried out a simulated evacuation.

The practice carried out annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. An incident and accident book was kept in reception and staff recorded relevant incidents. Staff members said they would always speak to the practice manager if an accident occurred.

The practice kept paper and electronic patient records. Electronic records were password protected and could only be accessed by staff. Patients' paper records were stored in a secure office on the first floor.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records and interviews showed that all staff

had received training in basic life support within the last two years and knew how to respond to an emergency. Emergency equipment was available including oxygen, an automated external

defibrillator (used to attempt to restart a person's heart in an emergency), and resuscitation equipment. Staff informed us that the emergency equipment was checked monthly and had started to keep records confirming that these checks had been completed. The practice had experienced a recent medical emergency on the premises and had responded immediately and appropriately by calling an ambulance and starting resuscitation.

The practice kept a small stock of medicines for use in an emergency. These included medicines for the treatment of cardiac emergencies, asthma attack and anaphylaxis. All the medicines we checked were in date and the practice kept records showing the emergency medicines were regularly checked and new stock ordered before expiry.

A business continuity plan was in place to deal with a range of emergencies that might affect the daily operation of the practice. Emergencies identified within the plan included loss of access to the building, computer systems, paper medical records, telephone systems, electricity and water supplies and staffing issues. The practice was potentially able to temporarily run solely from the main or branch surgery if an emergency affected one site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, accessed guidelines from the National Institute for Health and Care Excellence (NICE) and referred to locally agreed care pathways for specific conditions. NICE guidelines were discussed in the monthly clinical meetings and prescribing review meetings every two months. We reviewed a number of care plans and saw that staff completed thorough assessments of patients' needs in line with NICE guidelines and these were reviewed when appropriate. The practice used a local referral management service which reviewed their referrals and fed back to the practice on any inappropriate referrals. The GPs told us they had found this a helpful source of learning.

The branch practice staff worked as part of the wider practice team. Across the whole team, individual GPs were allocated to lead specialist areas such as learning disabilities and mental health and patients with specific needs were able to attend more specialist clinics, for example for diabetes at the main practice for follow-up and review. The main practice ran clinics for specific conditions such as asthma, chronic obstructive pulmonary disorder and diabetes at the main practice. Annual reviews were offered to patients with long-term conditions in line with best practice guidance.

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

Management, monitoring and improving outcomes for people

The practice had achieved 96% in their Quality and Outcomes Framework (QOF) performance in the year ending April 2014. The QOF is a system to remunerate general practices for providing good quality care to their patients.

The GP showed us examples of a clinical audit they had conducted into the use of Vitamin D. The practice was also carrying out audits, for example on prescribing rates, in line with local commissioning and QOF requirements. The GP

told us that they were aware that other GPs in the wider practice team carried out clinical audits too but there was limited sharing and learning of audit results across the team. We did not see any evidence of completed audit cycles, that is, where an audit is repeated to ensure that identified issues and improvements have been implemented in clinical practice.

The practice scored poorly for the percentage of eligible female patients participating in cervical screening at 58%. In comparison, the national average was 82%. The practice had only recently started offering cervical screening as part of its services and most practice patients attended a local community clinic to have a cervical smear. This meant the practice was less aware of women who had missed or were overdue a smear and was not actively following these women up or offering opportunistic smear testing when these patients attended for practice for another reason. The practice had recently started to offer cervical screening with the practice nurse and a female doctor at the main practice. The practice had carried out 84 tests at the time of the inspection with plans to expand the service to cover the practice population. The practice's child immunisation rates were much closer to the national average.

The practice offered patients with learning disabilities an annual health check and developed care plans for patients who would benefit which included information about their goals for care

Effective staffing

Practice staffing at the branch practice included a single, regular female doctor and administrative staff. The practice manager and a nurse also regularly attended the practice. Staff were up to date with attending mandatory courses such as annual basic life support and infection control.

The GP was up to date with their yearly continuing professional development requirements and had recently been revalidated (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practice and remain on the performers list with NHS England). All staff completed an induction programme when they started working for the practice.

Are services effective?

(for example, treatment is effective)

Staff received annual appraisals that identified personal development and learning needs. We saw appraisal documentation for members of staff which identified clear areas for development and timescales for achieving these.

Staff confirmed that the practice provided training and funding for relevant courses to further the skills of the clinical and administrative team, for example we were given examples of staff at the main practice attending courses on cervical cytology and cardiology.

Working with colleagues and other services

The wider practice team worked with other service providers to meet people's needs and manage complex cases.

Patients were referred to hospital using the 'Patient Choose and Book' system and used the two week rule for urgent referrals such as cancer. The practice had monitoring systems in place to check on the progress of any referral. The practice liaised with other healthcare professionals such as the community matron and the community mental health team. The doctor made urgent referrals for cancer promptly and followed these up with a telephone call to ensure the referral had been received.

The GP at the branch practice did not themselves routinely attend multidisciplinary group meetings. Other members of the wider practice team were responsible for this. The nurse reviewed the care plans for branch patients and referred any issues to the relevant member of the team.

Information sharing

The practice had systems to provide staff with the information they needed. An electronic patient record was used by staff to coordinate, document and manage patient

care. Staff were trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Hospital patient discharge letters were scanned into the practice electronic system and assigned to the GPs. The flow of information, including letters and test results was well managed within the branch practice with incoming information transferred to the doctor the same day.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties in relation to this legislation. The GP understood the guidelines (Gillick competency) to decide whether a child is able to consent to their own medical treatment without the need for parental permission or knowledge.

Health promotion and prevention

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of any health concerns detected and these were followed-up in a timely manner. New patients' blood pressure, weight and medical history and lifestyle were checked on registration and any risk factors followed up by the doctor.

The practice had recently started to actively participate in the cervical screening programme and offered a full range of immunisations for children as well as travel vaccines and flu vaccinations in line with current national guidance. The nurse attended the practice twice a week to provide these services.

Some health and lifestyle information was displayed in the patient waiting room and there were a range of posters and leaflets on display. The practice did not have its own website.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed data from the most recent National GP Patient Survey results (93 responses) and 36 comment cards that patients completed in advance of the inspection. We also spoke with four patients on the day of the inspection. The results of the national patient survey covered both the Greenhill Park branch surgery and the main practice.

The evidence from these sources showed that most patients were satisfied with how they were treated. Seventy-nine percent reported the GP they saw was good at listening to them compared to the practice average of 85% in Brent. However, 95% of respondents reported they had confidence and trust in the last GP they spoke to which was in line with the Brent and national average scores.

Thirty-six patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the branch practice. These were overwhelmingly positive about the quality of the service. Patients described the service as excellent and the staff as respectful and attentive. Patients we spoke with told us they were happy with the care provided by the practice and said their dignity and privacy were respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in a consulting room so that patients' privacy was maintained during examinations, investigations and treatments. We noted that the consultation room door was closed during consultations and that conversations could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments,

although the practice waiting area was small which made it difficult for patients to talk to the receptionist in confidence. The receptionist told us they were able to talk to patients in a quiet area of the office. They gave us a recent example when they had assisted a patient in distress in this way.

Care planning and involvement in decisions about care and treatment

The patient feedback we reviewed showed that most patients responded positively to questions about their involvement in decisions. However, comparatively the practice tended to score less well than the average for Brent. Sixty-one percent of patients said the GP was good at involving them in decisions about their care compared to the Brent practice average of 77%. Seventy-nine percent said they had enough time with the doctor which was the same as the local CCG practice average.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us the doctor was good at communicating with their children.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with and the feedback forms we received described the staff as understanding and compassionate. Notices in the patient waiting room provided information about accessing emotional support.

The doctor and practice manager told us that if families had suffered bereavement, they were referred to counselling and bereavement services if they wished.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs. The practice team understood the broader commissioning priorities for the borough and the socio-demographic profile of the population.

There was a high prevalence of diabetes in the local population. The practice ran diabetes clinics which were run by the lead GP and the practice nurse at the main practice. The clinics provided information for patients on how to manage their own care effectively. The practice was achieving well on the QOF indicators related to management and control of diabetes.

The practice served a young population group. The branch practice was open in the early evening making it easier for families and people living locally to attend for appointments. Patients were also free to attend the main practice which had extended opening hours.

Tackling inequality and promoting equality

Many patients using the practice spoke English as a second language. The practice team were able to use a translation service to ensure the needs of these patients were met.

The practice was accessible to people with mobility difficulties although the waiting area was small to accommodate patients with wheelchairs and pushchairs. At the time of the inspection, the practice was providing space to another GP practice at the branch premises, making the waiting area very crowded at busy times of the day. Accessible toilet facilities were available.

Access to the service

The practice opening hours were 08:00 – 18:00 every weekday except Thursday afternoon, when both surgeries closed from 13:00. Appointments at Greenhill Park Medical Centre were available between 09:30 and 11:30 every weekday morning and between 16:00 and 18:00 on Monday, Tuesday, Wednesday and Friday. We were told that patients who required urgent attention could also be seen between 18:00 and 18:30 if necessary. Extended hours appointments were offered from 07:00 to 08:00 Monday to Thursday at the main surgery.

The practice provided information for patients by answerphone, on the door and in the practice leaflet about how to access alternative primary and urgent care services when the practice was closed and over the lunchtime period.

Telephone access was available during core hours and home visits were provided for patients who were housebound or too ill to visit the practice. Patients could book appointments by telephone, online and in person. Appointments were generally ten minutes in length however longer appointments were also available for people who needed them.

The appointment system had availability for urgent appointments each day. We spoke with one patient who was attending the practice the same day as making their appointment. They said they had been called back when the practice had a cancellation.

The practice scored more positively than average for questions about the ease and convenience of obtaining an appointment. Ninety-one percent of respondents found it easy to get through to the practice by phone compared to the Brent average score of 70%. While 80% of respondents described their experience of making an appointment as good compared to the Brent average of 68%.

Listening and learning from concerns and complaints

The practice had a 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 managed all non-clinical complaints and the on call duty doctor managed the clinical complaints in the practice. The branch practice had not received any complaints in the last year.

There was a complaints leaflet in reception which patients could take away. The practice manager told us they would review complaints to detect themes or trends and use complaints as a mechanism for learning across the team.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice was developing a formal vision and strategy to be patient-centred, accessible and enabling patients to achieve good outcomes and also to be a good employer. Staff members were not yet aware of the strategy but were able to articulate the practice aims and ethos of providing an effective service that put patients first. The practice was responsive to feedback and had taken account of recommendations made in an earlier inspection, for example, it had recently started to offer cervical screening.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were accessible to staff within the practice.

The practice had assigned lead roles to the GPs in the wider clinical team across both the main and branch practices for particular clinical areas such as diabetes and cardiology. The principal GP was the lead for safeguarding, child protection and infection control at the branch practice although we were told they did not visit the branch premises. Staff were unclear about who the lead GP was for these areas which might affect the timeliness of the practice response to any issues.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance and was well organised, for example, in terms of ensuring that patients were reviewed in line with QOF requirements. The overall QOF score for this practice for 2013/14 showed it had performed above the CCG average. QOF data was regularly discussed progress monitored with targets.

The practice was making some use of clinical audit to monitor quality but was not ensuring that results were shared across the team and there was no evidence of completed audit cycles.

There were occasional gaps in required governance, for example with the Patient Group Directions governing nurse immunisations and the security of prescription materials used for home visits. Some of the practice's training and recruitment records were not up to date, although the staff members concerned were able to provide the relevant information when we requested it (for example, of their medical indemnity). The practice did not have a

mechanism to remind the manager when various records needed updating, for example for staff safeguarding requirements, professional indemnity and basic life support training.

Leadership, openness and transparency

Leadership was provided by the principal GP and practice manager. The practice manager was visible in the branch practice and available to staff and patients. Staff told us that the principal GP did not visit the branch practice and they did not attend the inspection. While they were described as supportive, we did not see evidence of strong clinical leadership within the branch practice.

We reviewed a number of policies and procedures, for example recruitment and staff appraisal which were in place to support staff. Staff we spoke with knew where to find these policies if required. The practice also had a whistleblowing policy which was available to all staff electronically on any computer within the practice. Staff were aware of the whistleblowing policy if they wished to raise any concerns and were able to describe circumstances in which they would use it.

Seeking and acting on feedback from patients, public and staff

The practice had limited mechanisms to gather feedback from patients, through the national patient survey, the Friends and Family Test (a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care) suggestions, and complaints received. The practice did not specifically gather patient feedback about the branch practice.

The practice had gathered feedback from staff through practice meetings and appraisals. Staff told us their managers were approachable and they felt comfortable to give feedback and discuss any concerns or issues. Staff told us they felt involved and engaged and the practice manager was responsive to suggestions.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff received an annual appraisal which identified areas for development with timescales for achieving these. Staff we spoke to told us that their appraisals were effective in monitoring their development.

Are services well-led?

Requires improvement 

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

The practice held regular monthly meetings for practice staff. Notes were kept of meetings and circulated to the team. The GP did not have access to regular clinical meetings.

We found that the GP at the branch practice, who was responsible for running a busy surgery day to day, was potentially at risk of becoming isolated. For example, there was limited scope for the GP to reflect on their clinical practice day-to-day. They told us they thought they had enough opportunities to discuss cases and clinical issues with the nurse when they attended the practice and also to learn from colleagues they worked with in a different healthcare service. They told us they kept up to date with current practice, primarily through reading journals and academic papers. These seemed to be opportunistic occasions rather than structured or planned sessions

however. The practice had recently started to offer cervical screening at the practice but the GP was not aware of this and was therefore potentially misleading patients about the services that were or would shortly be on offer.

The practice had completed reviews of significant events and other incidents and shared lessons learnt with staff via meetings to ensure the practice improved outcomes for patients. The practice did not seem to be using some potential improvement tools, such as clinical audit, to drive learning and improvement however across the wider practice team.

The practice was proud of its track record in relation to managing diabetes and the principal GP liaised with other general practices in the local area to facilitate learning and good practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014
Treatment of disease, disorder or injury	Good governance The provider did not have systems in place to effectively assess and monitor the quality and safety of the service. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014