Park House Medical Centre

Quality Report

18 Harvist Road,
London, NW6 6SD
Tel: 020 8969 7711
Website: www.parkhouseharvistroad.co.uk

Date of inspection visit: 3 March 2016
Date of publication: 05/05/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park House Medical Centre on 3 March 2016. 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice identified patients at highest risk of attending A&E or being admitted to hospital and provided care to reduce avoidable admissions and to facilitate earlier discharge for patients when they had been admitted.
- The practice worked closely with other providers and support agencies to help patients access resources to help them live safer and healthier lives.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- The practice should ensure that all letters and pathology results are reviewed and actioned in a timely manner.
- The practice should ensure that stock checks of vaccines and medical gases are recorded.
- The practice should review the current arrangements for ensuring urgent referrals have been received and appointments made.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written 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.
- Risks to patients were assessed and well managed.
- The practice had a proactive approach to monitoring patient's hospital discharges and worked with other service providers to ensure that suitable care arrangements were in place for patients being discharged, particularly older and vulnerable patients.
- There were no written records to indicate that stock levels of vaccines or medical gases were routinely monitored.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs
- Patients who wished to stop smoking were supported in the practice's smoking cessation clinic and had the practice had the highest number of successful outcomes in the locality for two consecutive years.

Summary of findings

- The practice offered NHS healthchecks and referred patients to a local authority fitness scheme where appropriate.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified and provided support for carers and helped them to access support including respite care and funding.

Are services responsive to people's needs?

Good

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.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet 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 and other stakeholders.
- The practice was involved in a collaborative project between 12 local GP practices and used this to provide appointments up to 9:00pm, Monday to Friday and weekend appointments on Saturdays and Sundays. There were dedicated emergency and pre-bookable slots which could also be used for childhood immunisations and cytology.
- The practice had developed close working relationships with different community agencies and would actively support

Summary of findings

patients to access a range of services from these agencies. This included the local Integrated Care Team, a rehabilitation and re-ablement service, a counselling service and a physical fitness scheme.

Are services well-led?

Good

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 this.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in it's population.
- Every patient aged over 75 had a named GP and patients could see that GP when required.
- Longer appointments, home visits and urgent appointments were available for those with enhanced needs.
- GPs used a risk stratification tool designed to identify patients at highest risk of attending A&E or being admitted to hospital. The practice had a lower than average number of emergency admissions.
- The practice worked closely with the local short-term assessment, rehabilitation and reablement service (STARRS) to help older patients avoid unnecessary hospital admissions and to facilitate earlier discharge by arranging for rapid response support in the home.

The practice worked in close partnership with the local Integrated Care Team to help patients access and receive the support they needed to lead safer and healthier lives.

People with long term conditions

Good

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

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice provided 24 hour blood pressure monitoring for all new diagnoses of hypertension and as part of monitoring management when clinically appropriate.
- Patients with complex needs were assessed using a risk stratification tool and had care plans developed using the North West London 'Whole Systems Integrated Care' system of joined-up care planning.

All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Patients aged between 16 and 18 years were offered sexual health screening.
- One of the GP partners was a qualified paediatrician and patients told us this was a real benefit to being registered with the practice.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements were in place to provide weekend and daily late evening appointments which could include childhood immunisations and cytology.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 84% compared to the national average of 82%.
- We saw positive examples of joint working with health visitors.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- NHS healthchecks were offered for new patients and patients aged over 40. Results from these healthchecks were used to refer patients to a local authority sponsored fitness scheme.
- A full range of travel vaccinations, including those only available privately was offered by the practice.
- The practice held late clinics on Monday and Wednesday evenings to accommodate patients who were working during the day. Nurse and healthcare assistant appointments were included in these clinics.

Summary of findings

- There were arrangements in place for pre-bookable late evening and weekend appointments at a local hub and these also included nurse appointments.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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 used a telephone translation service as well as an online translation tool and sign interpreters when necessary.

People experiencing poor mental health (including people with dementia)

Good

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

- < >
  92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This was better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had partnered with a non-profit organisation that provided personalised support for people with learning disabilities, autism and mental health and this was provided from the surgery.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with or better than local and national averages. 411 survey forms were distributed and 111 were returned. This represented 2.2% of the patient list.

- 92% found it easy to get through to this surgery by phone compared to a CCG average 67%, national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 85%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 69%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards of which 31 were entirely positive about the standard of care received. Patients said they found the practice to be very flexible and referred to reception staff as friendly and helpful. Patients said they found doctors and nurses to be skilled listeners who were caring and thoughtful. One patient thought staff weren't always attentive and another said they would like more appointments outside of normal opening hours. Both of these patients also had positive comments to make.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients said doctors gave them the right amount of time during consultations and felt they were encouraged and helped to live healthier lives.

Park House 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 included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Park House Medical Centre

Park House Medical Centre provides GP primary care services to approximately 5,300 people living in the Queens Park neighbourhood of the London Borough of Brent. The practice is in an area that is in the third most deprived decile and has a larger than average number of patients between the ages of 25 and 45.

There are two GP partners both female. One partner, who is also a qualified paediatrician works full time, providing nine sessions per week, the other partner works part time and provides three sessions per week. In addition there are five part time salaried GP's, two female and three male, who provide a combined total of 11 sessions per week. In total, the practice provides 23 GP sessions each week.

There is one practice nurse, one healthcare assistant, a practice manager and eight administrative staff. The healthcare assistant undertakes phlebotomy at the surgery. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice opening hours are 8:00am to 8.00pm Mondays and Wednesdays and 8:00am to 6.00pm Tuesdays,Thursdays and Fridays. The practice is closed on Saturdays and Sundays. The practice has a reserved allocation of appointment slots at a local hub service between 6:00pm and 9:00pm every day and between 9:00am and 3:00pm on Saturdays and Sundays and these are pre-bookable.

When the practice is closed the details of the 'out of hours' service are communicated in a recorded message accessed by calling the practice and can also be found on the practice website. The practice provides a wide range of services including clinics for diabetes, phlebotomy, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

Brent is the seventh largest of London's 32 boroughs in terms of population and the population profile varies greatly from ward to ward. The borough of Brent is ethnically diverse and the practice population reflects this diversity. In the latest census in Brent, 36% gave their ethnicity as white, 35% as Asian, 20% as Black and 4.5% as of mixed or multiple ethnicities, the remainder identifying as Arab or other ethnicity.

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. 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.

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. During our visit we:

- Spoke with a range of staff including GP's, practice nurse, healthcare assistant, managers, administration staff and with patients who used the service.
- Spoke with a representative of the local integrated care team.
- 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)

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.

Good

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw an example of when a patient had seen a specialist who had recommended a change to the patient's prescription. The change had not been recorded on the patient's record and a lower dose was issued until the patient brought the matter to the attention of the community pharmacist. As a result of this incident, the practice reviewed the case and identified that a process error could occur when patients changed their method of medicines delivery. A change was made to the process and a reminder set for a further review after six months.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs, the practice nurse and the healthcare assistant were trained to Safeguarding level 3, admin and reception staff were trained to Safeguarding level 1. We were shown several examples where the practice had identified and reported suspected abuse, including an occasion when a child was found to have medicines belonging to someone else. GPs and other clinical staff we spoke with told us that they would usually check up on any safeguarding concerns they had raised to be satisfied that such reports were being followed through.
- A notice in the waiting room advised patients that chaperones were availableif required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior partner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. 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 to address any improvements identified as a result. The most recent infection control audit had taken place in February 2016. The audit had identified a number of concerns which were regarded as high risk and we saw evidence that these had been addressed quickly. For instance, used sample containers were now being deposited in a sealed container and were placed in the clinical waste storage bin every evening.
- There was a register of staff vaccines and we saw evidence that staff had been offered vaccines for influenza and hepatitis B. There was an arrangement in place for staff immunity to be checked and this included locums and the cleaner. This was done through a contract with an occupational health specialist. We were told that some staff had upcoming appointments for this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use.

- The practice nurse was responsible for monitoring and maintaining stock levels and expiry dates of vaccines and medical gases. We did not see evidence of a formal procedure for managing this process. We checked stocks of vaccines and medical gases being held at the practice and all were within expiry dates.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. We saw evidence that GPs monitored these processes and saw relevant documentation was up to date and properly completed. (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. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed five 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 (DBS).
- 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. This process was managed by a staff member with extensive experience of pathology administration and we saw evidence of a well-structured methodology.

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 and had carried out a fire drill in February 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The most recent Portable Appliance Testing (PAT) had taken place in February 2016. Clinical equipment had also been calibrated in February 2016 and we saw documentation which indicated that the company who carried out the calibration had been provided with a comprehensive schedule of equipment to be checked. Calibration certificates we saw included blood pressure monitors, syringe drives, and electrocardiogram monitors (ECG).
- 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been carried out in September 2015. Concerns which were identified as high risk had been rectified and plans were in place to address lower risk concerns.
- 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 that 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. Staff were able to recall when this system had been utilised including an occasion when a GP requested assistance to support a distressed patient.

Good

Are services safe?

- A GP was responsible for emergency medicines in the doctor's bag, but stock control was carried out by the healthcare assistant. We noted that there was no rectal diazepam in the doctors bag (a medicine used to treat seizures). We saw evidence that this had been ordered.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises. This had adult and paediatric pads and the battery had been checked in February 2016. The practice had oxygen with adult
- Emergency medicines were 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 fit for use. We noted that emergency medicines were stored in two different locations within the practice although stock was recorded on a single, global stock record. There was a risk that staff might not always be aware of which items were in each location which could cause a delay in responding to an emergency.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. For instance in the event of a power failure, there was an agreement with a local pharmacy to store vaccines in their fridge and a stock of cooler bags were held at the practice so that stocks could be transferred without breaking the cold chain. The plan included emergency contact numbers for staff.

Good

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. A named person was responsible for monitoring guidelines from NICE. These were discussed during clinical meetings. Changes to guidelines were distributed to all clinical staff and copies stored in a shared computer system. Staff used this information to deliver care and treatment that met peoples' needs.
- All clinical staff received updates from The Medicines and Healthcare Products Regulatory Agency (MHRA) and these were stored on a shared section of the practice's computer system. We saw evidence of updates including a recent update regarding St John' Wort tablets (issued February 2016).
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For instance we saw records of a recent gliptins audit which was undertaken in line with NICE guidelines (gliptins are medicines used to treat type 2 diabetes).
- We looked at patients' care plans and saw examples of meaningful holistic care. For instance, we saw a care plan for a stroke patient and noted that the practice had recorded and considered the carer's concerns, a need for speech therapy, support for the mental health of the patient and a request for the involvement of a dietician.
- The practice received copies of discharge letters electronically and these were reviewed daily by a GP. GPs had close communication with the district nurse and utilised this communication to ensure continuity of care. We looked at the record of a recently discharged patient and we saw that the practice had contacted the patient's care agency, social worker, the district nurse and the short-term assessment, rehabilitation and re-ablement service (STARRS) to ensure that the patient was adequately supported.
- The practice used a risk stratification tool to identify and support high risk patients. Care plans were in place for patients who needed then this included older patients, patients with long term conditions, patients experiencing poor mental health and patients in vulnerable circumstances. Data from the Health and Social Care Information Centre (HSCIC) indicated that the number of patients attending hospital for preventable admissions was lower than the national average. For instance, the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 of population was 11 compared to the national average of 14.

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 were 97% of the total number of points available, with 10% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. For instance, The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 85% compared to the national average of 78%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 84% (national average 88%).
- Performance for mental health related indicators was similar to the national average. 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 92% compared to the national average of 88%.

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 93% (national average 84%).
- The practice provided 24 hour blood pressure monitoring for all new diagnoses of hypertension and as part of monitoring management when clinically appropriate.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw evidence that the practice had taken part in five CCG led prescribing audits.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a number of patients whose medicines were reduced following a hypoglycaemic audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.We saw evidence that the practice nurse had updated cervical sample training in September 2014.
- Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidatingGPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff told us that they were encouraged to identify training opportunities that would aid their professional development and benefit patients. For instance, the healthcare assistant was able to demonstrate a comprehensive training portfolio which included completed courses in risk management, equality and diversity, medical devices and an NVQ Level 2 in Health and Social Care for Adults and Children.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We spoke with a member of the local authority's Integrated Care team who told us that they received more patient referrals from this practice than any other GP practice in the locality. We were told this meant that patients at the practice were more likely to access services and resources which would keep them safer and in better health.
- The practice told us that most patients who had care plans had been given copies of their plans although we

Good

Are services effective?

(for example, treatment is effective)

were unable to quantify exactly how many patients had not been givencopies. GPs told us this was to be reviewed and copies would be provided where appropriate.

- The practice were members of The Kilburn Primary Care Co-op where patients could be seen at one of two local hubs. Clinicians at the hubs had access to patient notes and could make updates to records. The practice received a daily list of patients who had been seen at a hub and the duty GP used this list to review all updates on a daily basis. (The Kilburn Primary Care Co-op is a collaborative project between 12 GP practices in the Kilburn locality which aims to provide additional access for GP appointments when a patient's own practice is closed or fully booked.)
- Two week wait referrals were made using an online system and we saw examples of completed referrals. There was no process for checking that referrals had been received and actioned or that patients had been offered appointments.
- The duty GP reviewed incoming letters and pathology results. We looked at the practice's inbox and saw that there were 22 letters. Some of these had been received three days previously although the practice told us these were checked daily. Following the inspection we were told that GPs would sometimes, having reviewed all inbox items twice daily, leave a particular letter in the inbox pending a final action, rather than sending a system task message to themselves.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.
- Verbal consent was sought for intimate examinations and this was recorded on patient records. The practice did not carry out any minor surgery procedures.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The healthcare assistant was responsible for managing the smoking cessation clinic and had completed a smoking cessation training course. We saw information prepared by the Local Authority lead for smoking cessation which showed that the practice had achieved the highest number of successful cessation outcomes in the locality for the past two years. In 2014/15, the practice had accounted for 33% all successful outcomes in the locality. The healthcare assistant had received an award from the local authority in recognition of their achievements in this field.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability, and they ensured a female sample taker was available. We were told that the practice had put up special pink decorations during Cervical Cancer Prevention Week 2016 and had used this as a platform to raise awareness of the screening programme.

Good

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake levels for these programmes were also comparable to CCG and national averages.

Childhood immunisation rates for the vaccinations given given to under two year olds ranged from 50% to 60% which was slightly lower than CCG averages. Childhood immunisation rates for the vaccinations given to five year olds ranged from 51% to 82% and were comparable to CCG averages.

Flu vaccination rates for the over 65s were 69%, and at risk groups 52%. These were also comparable to CCG and national averages.

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

The practice were active partners in the Local Authority's Fit4Life programme and used this to support patients to live healthier lives. The practice used NHS health checks to identify patients who would benefit from increased physical activity and were able to refer them for a free 3 month gym membership under the Fit4Life programme. (The Fit4Life programme is a free programme commissioned by Brent Council as an intensive programme of lifestyle intervention. It focuses on improving diet and physical activity levels to help prevent lifestyle diseases such as diabetes, obesity, hypertension and high cholesterol).

Good

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.

31 of the 33 patient Care Quality Commission comment cards we received were entirely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient thought staff weren't always attentive and another said they would like more appointments outside of normal opening hours. Both of these patients also had positive comments to make.

We spoke with 1 member of the patient participation group. 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 showed patients felt they were treated with compassion, dignity and respect. The practice was below or in line with local & national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 73% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88%.
- 66% said the GP gave them enough time (CCG average 81%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 87% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

The practice had undertaken a review of these survey results and had produced an action plan to improve the patient experience. For instance the healthcare assistant had been trained to NVQ Level 2 in health care and practical procedures including ear care and wound care. These had previously required an appointment with practice nurse. The outcome was to allow the practice nurse more time to manage patients with long term conditions, a function previously carried out by doctors. This meant that the practice could make more time available for patients who needed GP appointments.

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 on the comment cards we received was also positive and aligned with these views.

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

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%)
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average 85%)

Good

Are services caring?

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. We also saw information that a sign interpreter was available for patients who needed that service.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. There was a dedicated carer's noticeboard in the reception area and this provided helpful information about support that was available to carers. All staff members that we spoke with had high recognition of the role that carers played. Clinical staff told us that they regularly encouraged and supported carers to access help that was available to them including funding and respite care. This aligned with information we received from the local Integrated Care Team.

We saw multiple examples of entries in patient notes which indicated that carer's needs had been meaningfully considered and saw evidence of the type of support that had been offered. This included referrals to 'Carer's Break' funding and expedited access to a counsellor based at the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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. Posters and leaflets in the waiting areas provided information and contact details for a number of bereavement support organisations.

Good

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.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours. This included appointments with the practice nurse on Monday evenings and the healthcare assistant on Wednesday evenings.
- As a member of The Kilburn Primary Care Co-op, the practice had dedicated appointment slots available at a local hub until 9:00pm every evening as well as at weekends between 9:00am and 3:00pm. These appointments were available with GPs and nurses, included childhood immunisations and cytology, and could be booked in advance.
- Healthchecks and longer appointments were available for patients with a learning disability.
- The practice had partnered with a non-profit organisation that provided personalised support for people with learning disabilities, autism, mental health needs and those who needed extra support coping with bereavement. This organisation provided a wellbeing counsellor who attended the clinic on a weekly basis and helped patients to access a range of support services. We were told patients had been provided with support which included debt counselling and benefits advice, information about employment, training and education opportunities as well as information about organisations who could provide appropriate advice on basic legal and immigration matters.
- The practice hosted an Improving Access to Psychological Therapies counsellor two days each week and had referred 161 patients to this service in the preceeding twelve months.
- Home visits were available for older patients and patients who would benefit from these. The practice had developed close working relationships with district nurses and social services and used these relationships to improve care for older patients.
- Five of the practice's patients lived in residential care homes and the practice ensured that care home managers had a dedicated by-pass telephone number for direct access to clinicians.
- GPs used a risk stratification tool designed to identify patients at highest risk of attending A&E or being admitted to hospital. The practice had a lower than average number of emergency admissions.
- The practice worked closely with the local short-term assessment, rehabilitation and reablement service (STARRS) to support older patients. This service provided a rapid response for patients where admission to hospital could be avoided by providing treatment at home or to facilitate early discharge by providing support at home. GPs told us this service usually responded within 2 – 3 hours and helped patients to maintain independence.
- During our inspection, we spoke with a member of the local authority Integrated Care Team. They told us that the practice excelled in monitoring and mitigating risks for vulnerable patients. We were given numerous examples of interventions by the practice to support patients at risk of harm or isolation. For instance we were told of an occasion when the practice was aware that a patient who was about to be discharged from hospital was unlikely to have fresh food in their home. The GP worked with the integrated care team to arrange for emergency supplies and a hot meal to be delivered on the day of discharge. The Integrated Care Team representative told us this level of attention to care was typical of the practice.
- Same day appointments were available for children and those with serious medical conditions. One GP partner was a qualified paediatrician and patients we spoke with told us this was an advantage of being registered with the practice. We saw evidence of meetings with health visitors.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice hosted a dietician's clinic once per month. The practice told us they used this service to support patients with long term conditions, patients affected by obesity and patients who requested specialist dietary advice to live healthier lives.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with diabetes were able to receive specialist diabetic care at twice monthly clinics held at the practice and these were undertaken jointly by the practice nurse and a diabetes nurse specialist.
- The practice ensured that patients unable to access the upper floor were seen in a consulting room on the ground floor and appointments were scheduled accordingly.

There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8:00am to 8:00pm on Mondays and Wednesdays, from 8:00am to 6:00pm on Tuesdays, Thursdays and Fridays. The extended opening hours on Mondays and Wednesdays were particularly useful to patients with work commitments. The practice had a contractual arrangement with it's out of hours provider to provide services from 8:00pm to 8:00am on Mondays and Wednesdays and from 6:00pm to 8:00am on Tuesdays, Thursdays and Fridays as well as all day on Saturdays and Sundays.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

The telephones were answered from 8:00am to 6:00pm Mondays to Fridays.

GP appointment slots were available between 8:00am and 1:00pm and 2:00pm and 8:00pm on Mondays and Wednesdays, and between 8:00am and 1:00pm and 2:00pm and 6:00pm on Tuesdays, Thursdays and Fridays.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to national averages. (Local averages were not available)

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 84% patients said they could get through easily to the surgery by phone (national average 73%).
- 20% patients said they always or almost always see or speak to the GP they prefer (national average 37%).

We asked the practice about the lack of access to a preferred GP. We were told that one of the practice partners was a qualified paediatrician and that as families with young children made up a significant proportion of the practice population, this GP was preferred by many patients. This meant that demand for this GP significantly exceeded capacity.

Comprehensive information was available to patients about appointments on the practice website which allowed patients to book appointments and home visits, order repeat prescriptions and print registration forms. Information was displayed in the practice waiting room and on the website directing patients to the NHS 111 and the out of hour's service when the practice was closed. Information on the out of hour's service was also provided to patients in the practice information leaflet.

The practice allowed homeless patients to register at the practice's address.

Patients told us they were satisfied with the appointments system. Comments cards showed that patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice. All patients we spoke with told us they had been able to get an emergency appointment and if they had not been able to see a clinician the same day, they said they were able to talk with them on the phone.

Listening and learning from concerns and complaints

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

- The practice complaints policy and procedure 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. In addition, one of the GP partners was responsible for oversight of the complaints process and undertook an annual review of complaints received.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed on notice boards and a summary leaflet was available and given to patients when they registered. There was also information about how to contact other organisations such as NHS England to make a complaint displayed on the walls. Patients we

Good

Are services responsive to people's needs?

(for example, to feedback?)

spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at two complaints received in the last 12 months and found that each of them had been investigated and responses sent in a timely way.

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

Vision and strategy

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

- It did not have a business plan or mission statement in place to support this. However, the partners told us they had a strong ethos of a team approach to patient care and our conversations with staff and our observations during the inspection supported this.
- The practice had a development plan which made direct reference to feedback from the national GP survey and NHS friends and family test .

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners 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 had a suggestion box in a prominent position in the reception area. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, the practice told us they were currently studying options for changing the telephone system as a result of feedback from the PPG. The PPG also worked closely with the practice to arrange guest speakers to speak on topics intended to maintain and improve patient health.
- We spoke with a member of the practice's Patient Participation Group (PPG) who told us that they worked closely with the practice to arrange guest speakers at PPG meetings who would speak on topics intended to

Are services well-led?

Good

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

maintain and improve health. We were told these events were popular with patients and previous guest speakers had included the community diabetes nurse and a dietician

- The practice had gathered feedback from staff through appraisals, staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff were encouraged to develop and were given opportunities and training to do so. Staff told us that partners were open to learning and were receptive to suggestions about how to improve the service for patients.