

# Lancelot Medical Centre

## Quality Report

19 Lancelot Road  
Wembley  
HA0 2AL  
Tel: 020 8903 0609  
Website: [www.lancelotmedicalcentre.co.uk](http://www.lancelotmedicalcentre.co.uk)

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Lancelot Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	23

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lancelot Medical Centre on 19 September 2015. Overall the practice is rated as requires improvement.

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, patient confidentiality was not always protected.
- Information about services and how to complain was available and easy to understand.

- Patients said it was difficult to make appointments and this was reflected in the practice's national GP patient survey results.
- The practice had adequate premises and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and most staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- The practice must ensure that patient confidentiality is protected and patients can speak privately in consultations.

The areas where the provider should make improvement are:

- The practice should review its appointment system to ensure that patients have adequate access to the service.

# Summary of findings

- The practice should increase the number of patients on the mental health register who have had a face to face review.
- The practice should consider expanding the range of written information available in other languages.
- The practice should set up a patient participation group as an additional source of learning and improvement.
- Review ways to improve patient experience in relation to the phlebotomy clinic.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system 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.

Good



### Are services effective?

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.

Good



### Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the 2015 National GP Patient Survey showed patients rated the practice lower than others for the quality of consultations with doctors and nurses. However, patients we spoke with and who submitted comment cards said they were treated with care and respect by their doctors. Patients described their regular doctors as excellent and gave us many examples of compassionate care.

Requires improvement



# Summary of findings

- Parents told us that the doctors were good at putting their children at ease, for example, by asking the child before carrying out any examination or test.
- Patient confidentiality was not always protected, for example, it was possible to hear some consultations from the waiting area.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of the local population and provided services to meet local needs. For example, the practice provided an in-house phlebotomy service for its own and other patients in the local area.
- The practice ensured that urgent appointments were available the same day.
- Patients said it was difficult to make a non-urgent appointments with waits of two to three weeks being common. Two patients told us they had recently attended A&E or a walk-in centre because they could not get an appointment. The practice had recently started to refer non-urgent patients to a local locality 'hub' service if they wanted same-day or weekend appointments with a GP.
- The phlebotomy clinic sometimes experienced high levels of demand leading to delays.
- The practice had adequate premises and was equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Written information for patients was available in English. There were few information leaflets available in other languages such as Gujarati, despite the practice having a large number of Gujarati-speaking patients. The website was accessible in a wide range of languages.

Requires improvement



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



# Summary of findings

- When either of the GP partners had taken periods of leave, they had ensured that one partner was available to provide leadership and support.
- There was a clear leadership structure and most staff felt supported by management. The practice had policies and procedures to govern activity and held regular staff and clinical meetings.
- 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 sought feedback from staff and patients. The practice did not yet have a patient participation group.
- There was a focus on learning and improvement. The GP partners had recently taken over the practice and were keen to develop skills and roles within the practice team.

# 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. The provider was rated as requires improvement for providing responsive and caring services. The issues identified as requiring improvement overall affected patients including this population group. There were, however, examples of good practice.

- The practice had around 100 older patients on their patient list.
- Older patients had a named doctor.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



### People with long term conditions

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

- Patients with long-term conditions had a named GP and a structured annual review to check their health needs were being met. One patient with a long-term condition confirmed that new medicines were always discussed with them and whether other medicines were still needed.
- The practice carried out care planning with patients with complex needs and at risk of unplanned hospital admission and worked with other health and social services professionals to deliver coordinated care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The prevalence of diabetes was high in the local area. Practice performance for diabetes related indicators was similar to the national average. For example the percentage of diabetic patients whose blood sugar levels were well controlled (ie their last IFCC HbA1c was 64 mmol/mol or less) was 73%.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as

Requires improvement



# Summary of findings

requires improvement for providing responsive and caring services. The issues identified as requiring improvement overall affected patients including this population group. There were, however, examples of good practice.

- 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.
- The practice was achieving child immunisation targets.
- Parents told us that the doctors were good at putting their children at ease, for example, by asking the child before carrying out any examination or test.
- 79% of patients diagnosed with asthma had a review in the last 12 months (national average 75%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working and timely communication with health visitors.

## **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). The provider was rated as requires improvement for providing responsive and caring services. The issues identified as requiring improvement overall affected patients including this population group. There were, however, examples of good practice.

- 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 available outside of working hours. However patients told us it was difficult to make an appointment
- The practice offered online services and was developing a website.
- The practice provided a full range of health promotion and screening reflecting the needs for this age group.
- Practice patient uptake for the cervical screening programme was high at 86%.
- The practice supported people who had been unwell and unable to work for a period to recover, for example through referral for physiotherapy.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

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

**Good**



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. Vulnerable patients were supported to register at the practice. One vulnerable patient we spoke with told us that the practice was the only place where they never felt like a nuisance.
- The practice offered longer appointments for patients with a learning disability or other complex needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations, for example the local carers associations.
- 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. We saw a recent example where staff had raised concerns about a vulnerable adult to ensure they were protected from abuse.

## 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). The provider was rated as requires improvement for providing responsive and caring services. The issues identified as requiring improvement overall affected patients including this population group. There were, however, examples of good practice.

- The practice had 28 patients on its mental health register, only eight of whom had been reviewed in the previous year. We were told that these patients were difficult to engage. The practice had identified this as an area for improvement.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice carried out advance care planning for patients with dementia including consideration of 'do not resuscitate' decisions. The practice involved patients and carers in care planning and considered carers' needs, for example for respite care.
- The practice was able to signpost patients experiencing poor mental health to various support groups and voluntary organisations.
- The practice hosted a counsellor one day a week.

Requires improvement



# Summary of findings

- The clinical team were alert to people's mental wellbeing. One patient told us their doctor had picked up on their need for emotional support after asking them how they were and listening. The patient said they would not have raised the issue themselves.
- The practice had a system in place to follow up patients who had attended accident and emergency for example for self-harm or who were known to have mental health problems.
- We spoke with one patient who had long-term mental health problems. They told us they thought it was an exceptional practice and they were always given as much time and advice as they needed and treated with respect.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on January 2015. The results suggested the practice was performing below local and national averages. The response rate was low at 17%: 410 survey forms were distributed and only 70 were returned.

- 67% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 56% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77%, national average 85%).
- 72% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 85%).
- 49% 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

and we interviewed eight patients. We received 52 comment cards, 50 of which were positive about the standard of care received. Patients described the staff as friendly and the clinical team as excellent and attentive. Patients commented that their doctor took account of their wider circumstances and needs. One vulnerable patient we spoke with told us that the practice was the only place where they never felt like a nuisance. Another patient had suffered an accident in the street and said they were treated very well when they attended the surgery in need of first aid.

However, eight of the comment cards and several patients we spoke with told us it was sometimes difficult to make an appointment and it had recently been difficult to see the same doctor. The GP partners had both recently taken periods of leave for personal reasons making it difficult to offer continuity.

The phlebotomy clinic which was taking place on the morning of the inspection was very busy and patients for this clinic expressed frustration with the delays.

# Lancelot 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 second CQC inspector and an Expert by Experience.

## Background to Lancelot Medical Centre

Lancelot Medical Centre provides NHS primary medical services to around 5,900 patients in Wembley, through a General Medical Services contract. The practice has one surgery.

The current practice staff team comprises two GP partners (male and female), a salaried GP (female), a practice nurse, a practice manager and a small team of receptionists and administrators.

The practice reception is open between 8.50am-6.30pm on weekdays with the exception of Thursday when the surgery closes for the afternoon. Appointments are available from 9.00am-11.30am every weekday. Afternoon consultation times are available from 4.00pm to 7:30pm on Monday and Tuesday and 4.00pm to 6.30pm on Wednesday and Friday. The practice is closed at the weekend. The GPs undertake home visits for patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients can use the out-of-hours primary care service provided locally. Patients ringing the practice when it is closed are provided with recorded information on the practice opening hours and

instructions to call the “111” telephone line for directions on how to access urgent and out-of-hours primary medical care or, in an emergency, to attend A&E. This information is also provided in the practice leaflet and on the website.

The practice has a higher than average proportion of adults in the 20-39 age ranges. The local population is ethnically diverse.

The practice is registered with the Care Quality Commission to provide the regulated activities of

diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder and injury.

## Why we carried out this inspection

We 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. We carried out an announced visit on 19 September 2015. During our visit we:

# Detailed findings

- Spoke with a range of staff (a GP partner, the practice manager and members of the administrative team) and spoke with eight patients who used the service.
- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 52 comment cards where patients 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.

# 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 or GP partners of any incidents and there was a recording form available on the practice computer system.
- The practice carried out a thorough analysis of 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. For example, a patient had collapsed in the surgery and staff had fetched the defibrillator only to find the battery was flat. In the event, the defibrillator was not required. The whole practice team met to review this incident and identify learning. As a result the battery was explicitly included in the practice's routine safety checks to ensure the machine was ready for use at all times.

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.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The 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. The practice actively raised concerns about patients at potential risk, for example in one recent case about a vulnerable adult

following hospital discharge. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding 'level 3'.

- Notices in the waiting room and consultations rooms advised patients that chaperones were available if required. Patients were routinely offered a chaperone when booking appointments likely to require an examination. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 arrangements for managing medicines, including emergency drugs and vaccinations, 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 safe prescribing guidelines. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed the personnel files for staff members who had joined the practice within the last two years 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.

## Are services safe?

- 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.

### 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 carried out regular fire drills. 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 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 bacterium which can contaminate water systems in buildings).
- 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. We saw that these arrangements had ensured that clinical staff were in place to cover periods of recent planned and unplanned absence of GPs.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. One patient we spoke with had suffered an accident in the street and said they were treated very well when they attended the surgery in need of first aid.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available.

This practice was an outlier for one QOF (or other national) clinical target: the prevalence of chronic obstructive pulmonary disease. The practice was able to demonstrate that it carried out relevant diagnostic testing and referral for patients presenting with relevant symptoms. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of diabetic patients, in whom the last blood sugar reading was 64 mmol/mol or less in the last 12 months was 73%, compared to the national average of 78%. The percentage of diabetic patients with a record of a foot examination within the last 12 months was 92%, compared to the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less
- The percentage of patients diagnosed with dementia who had a face-to-face review in the preceding 12 months was 92% compared to the national average of 84%.

Clinical audits demonstrated quality improvement.

- The practice carried out clinical audit to assess its performance against good practice guidelines and standards. Recent audits had been triggered by changes in guidelines and in one case, a significant event. The practice carried out completed audits where improvements were implemented and monitored, for example it had carried out an audit to identify patients prescribed both Amlodipine (a medicine used to lower blood pressure) and a statin. The practice had reaudited this to ensure that changes in prescribing practice were being maintained.
- The practice participated in local audits and national benchmarking and was aware of its comparative performance. For example it had audited prescribing in relation to patients with osteoporosis. Medication reviews had been carried out with patients and where indicated, prescriptions had been changed to reduce the risk of falls and optimise treatment.

### 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. The practice nurse and GPs provided support to the health care assistant. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and meetings. 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 and facilitation and support for revalidating GPs.

# Are services effective?

(for example, treatment is effective)

- 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.

## 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 electronic patient record 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.

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 regularly 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. Parents told us that the doctors were good at communicating with young children and involving them in decisions.

- Where a patient's mental capacity to consent to care or treatment was unclear, the GP assessed the patient's capacity and, recorded the outcome of the assessment. For example, the practice had been unsure if a patient had the mental capacity to make a specific clinical decision about treatment. Their GP had participated in a formal 'best interest' meeting involving the patient, their carers and other relevant health and social care professionals.

## 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.
- Smoking cessation advice was available at the practice.

The practice's uptake for the cervical screening programme was high at 86%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice encouraged patients to have chlamydia screening when they registered at the practice.

Childhood immunisation rates were comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Any concerning risk factors were followed-up with an appointment with a doctor.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were welcoming and helpful to patients.

- 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. However it was possible to overhear conversations from some consultation rooms from part of the waiting area. On the day of the inspection, a counsellor was using one of these consultation rooms and patients' private conversations could be overheard.
- Reception staff said they were able to take patients to a more private area if they wanted to discuss sensitive issues or appeared distressed.

Fifty of the 52 comment cards we received were positive about the service experienced. Patients we spoke with described the staff as friendly and the clinical team as excellent and attentive. Patients commented that their doctor took account of their wider circumstances and needs. One vulnerable patient we spoke told us that the practice was the only place where they were never made to feel like a nuisance.

During the morning of the inspection, the practice was providing a phlebotomy clinic. This was running around an hour late with little information for patients about the likely length of delays. Some patients had been told to fast before their blood test and one patient told us they were uncomfortably thirsty because of the delay. They told us this had happened to them before.

Results from the national GP patient survey showed that the practice was not performing in line with other practices for patient experience. The practice scored markedly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 67% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 74% said the GP gave them enough time (CCG average 80%, national average 87%).

- 84% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 69% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 76% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 91%).
- 67% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

In contrast, the practice was scoring highly on the 'Friends and Family' test with over 90% of patients saying they would recommend the practice to others.

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

Patients told us they felt involved in decision making about their care and treatment. They also told us they felt listened to by the regular GPs and had been able to make informed decisions about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive.

Results from the national GP patient survey showed that the practice tended to score somewhat below the local CCG and national averages for patient satisfaction with planning and involvement. For example:

- 78% 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%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 77% , national average 82%).
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77% , national average 85%).

### 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 signposted patients to local counselling services.

The practice's computer system alerted staff if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. We saw an example where the practice had helped a carer to obtain respite care for a close family member.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and arranged a consultation. The practice gave patients advice on how to find bereavement support (tailored for adults or children) if this was wanted.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice provided an in-house phlebotomy service for its own and other patients in the local area. The practice also hosted a mental health counsellor who attended the practice one day a week

- The practice offered a range of clinics including ante-natal, child health, travel health and diabetes clinics.
- The practice offered appointments until 7.30pm on two nights a week.
- Longer appointments were available for patients with a learning disability or other complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. We spoke with one patient with a serious illness and they told us they were able to get an appointment the same day without needing to ask.
- All consultation rooms were located on the ground floor and were accessible. There was also an accessible patient toilet.

### Access to the service

The practice reception was open between 8.50am-6.30pm on weekdays with the exception of Thursday when the surgery closed for the afternoon. Appointments were available from 9.00am-11.30am every weekday. Afternoon consultation times were available from 4.00pm to 7:30pm on Monday and Tuesday and 4.00pm to 6.30pm on Wednesday and Friday. The practice was closed at the weekend.

Results from the national GP patient survey showed that patient satisfaction with access was below the local and national averages.

- 55% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.

- 67% of patients said they could get through easily to the surgery by phone (CCG average 67% of national average 73%).
- 56% of patients said they were able to make an appointment or speak to someone the last time they tried (CCG average 77%, national average 85%).
- 36% of patients said they always or almost always see or speak to the GP they prefer (CCG average 52%, national average 59%).

Several patients we spoke with during the inspection told us they had experienced difficulty making appointments. People told us they typically had to wait for two to three weeks. One patient told us they sometimes went straight to A&E if they failed to get a quick appointment. Another patient similarly said they sometimes used a local walk-in service. Eight of the comment cards we received also criticised the appointments system.

The practice was aware of the pressure on appointments. They had recently started to offer patients with non-urgent problems same day appointments at a local 'hub' practice. This service had been set up by the CCG to improve patient access to primary care in Brent. One patient we spoke with had seen a GP at the hub and said they had a good experience. Another patient had been offered an appointment at the 'hub' but preferred to wait to see their own doctor.

Translation services were available for patients who did not speak English as a first language. The practice added an alert to patient records identifying patients known to need an interpreter and this was routinely offered at future appointments.

Written information for patients was available in English. There were few information leaflets available in other languages such as Gujarati, despite the practice having a large number of Gujarati-speaking patients. However, the website, which was under development, was accessible in a wide range of languages and in large size text.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

# Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. However, one patient told us that they had wanted to make a complaint but the receptionist had ignored their request and they had given up.

We looked at three complaints received in the last 12 months and found these were handled appropriately. Patients received a timely acknowledgement and a written response including an apology. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a clear statement of purpose and staff knew and understood the values.
- The practice had a strategy and supporting business plans, for example, to develop the team, which reflected the vision and values and were discussed and monitored.

### Governance arrangements

The practice had an overarching governance framework which 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 clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks. For example the practice had planned for the periods when the GP partners would be absent. The practice used a pool of four locum GPs who were familiar with the practice and its procedures.

### Leadership and culture

The partners in the practice had the experience and capacity to run the practice and ensure high quality care. We spoke with one of the partners who was able to

demonstrate how they prioritised safe and compassionate care. This partner was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice encouraged a culture of openness and honesty. The practice was aware of requirements to notify other bodies of relevant safety incidents

- The practice held regular team meetings and clinical meetings.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so. They told us they were encouraged to identify opportunities to improve the service.
- Most staff said they felt respected, valued and supported in the practice and had been involved in discussions about how to develop in their role.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patient feedback through the friends and family test, complaints and suggestions. In 2015 it had also run its own surveys of patient satisfaction with clinicians, services and reception and had consulted patients on the need for evening surgeries. The results had been discussed at practice meetings and as a result, the practice had introduced evening surgeries on two evenings a week and had provided additional training for receptionists.

- The practice did not yet have an active patient participation group.
- The practice had gathered feedback from staff through regular meetings and appraisals.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect <b>How the regulation was not being met:</b> The practice did not always ensure the privacy of patients. This was in breach of regulation 10(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.