The Windmill Medical Practice

Quality Report

65 Shoot Up Hill
London
NW2 3PS
Tel: 020 8452 7646
Website: www.thewindmillmedicalpractice.co.uk

Date of inspection visit: 4 November 2015
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 The Windmill Medical Practice on 4 November 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The provider was aware of and complied with the requirements of the Duty of Candour.
- 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.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was well equipped to treat patients and meet their needs. However, space within the practice was limited and acted as a constraint on expansion. The practice was aiming to relocate in the long term.
- 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.

There is one area where the provider should make an improvement:

- The practice should develop its failsafe systems to alert the doctors within a set period when prescriptions remain uncollected.

We saw one area of outstanding practice:

- The practice partners had identified good access to primary care as a priority and one of their 'guiding principles'. One of the GP partners had developed a software programme to monitor patient access. The practice used this to predict changes in patient

Summary of findings

demand (using a 'traffic light' system for easy interpretation) and to plan the clinical staffing accordingly. The practice manager also reviewed the availability of appointments daily. The GPs put on additional clinical sessions when demand was rising to prevent delays from building up. Additional sessions were seen as a shared responsibility and allocated fairly between the partners. As a result, practice patients could obtain routine appointments within two to three days. The practice received excellent patient feedback on the accessibility of the service. For example, the national GP patient survey showed that the practice scored in the top 10% of practices nationally and the top five per cent of London practices for patients describing the experience of making an appointment as good.

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 systems, processes and practices in place, (covering for example, staff recruitment, infection control, health and safety and medicines management) to keep patients and staff safe.
- The practice took steps to ensure children and vulnerable adults were protected from the risk of abuse.

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 and other services to understand and meet the range and complexity of patients' needs.
- The practice reviewed its own performance, for example developing an internal peer review process for referrals and sharing this with other practices.
- Staff treated patients holistically with an emphasis on providing continuity of care and education for patients with longer-term conditions.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data showed that patients rated the practice highly for being treated with respect and care.
- Patients said they were treated with compassion and they were involved in decisions about their care and treatment. Patients were positive about the whole practice team, including the receptionists.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice 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. For example, the practice enabled patients to obtain access to primary care services seven days a week through the local 'hub' service.
- The practice had a good local reputation and was used by a refuge and probation hostel catering for particularly vulnerable groups of patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice scored much more highly than other practices on its National GP Patient Survey results for access.
- The practice generally had good facilities and was well equipped to treat patients and meet their needs. There was disabled parking but no disabled toilet due to space constraints.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was discussed at practice meetings and used to drive improvement.

Are services well-led?

Good

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

- It had a 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 the partners. The practice had a number of policies and procedures to govern activity and held regular meetings.

Summary of findings

- 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 partners encouraged a culture of openness and honesty.
- 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.

- Older patients were allocated a named GP and the practice provided continuity of care.
- Older patients assessed to be at greatest risk, for example housebound patients, had individual care plans. One of the partners had designed a protocol for housebound patients (which included consideration of continence, foot health and social care needs) and designed the care plan template used by the practice. We viewed a number of care plans which had been well completed and were up to date.
- The practice provided a range of vaccinations for older patients such as shingles, pneumococcal and flu vaccination. The practice achieved its over 65 flu vaccination target in 2014/15.
- The practice team held monthly multidisciplinary meetings with district nurses, the local care co-ordinator and palliative care nurse and the local pharmacist.
- The practice engaged with local community services including an 'out of hospital' service to manage sudden deteriorations and prevent unplanned emergency hospital admissions.

People with long term conditions

Good

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.
- 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. The practice had designed its own care plan template for diabetes.
- All the doctors had lead roles in chronic disease management being responsible for each of the various QOF areas. The practice nurse had a specialist respiratory disease qualification and had identified patients with previously undiagnosed COPD (chronic obstructive pulmonary disease) and two of the GPs had diabetes diplomas.
- The prevalence of diabetes was high in the local area. Practice performance for diabetes related indicators was similar to the

Summary of findings

national average. For example, the percentage of patients with diabetes, on the register, whose blood sugar levels were well controlled (ie their last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months) was 75%.
- Longer appointments and home visits were available when needed. The practice had dedicated appointments at the end of each surgery with no time limit for patients with chronic conditions or complex needs.

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.
- The practice was consistently achieving higher child immunisation targets.
- The practice offered a weekly walk-in baby clinic.
- The practice had extended the appointments for primary vaccinations since introduction of the Meningitis B vaccination.
- 74% of patients diagnosed with asthma had an asthma review in the last 12 months (national average 75%).
- Access to care was good. Appointments were available outside of school hours. Young children were always seen the same day.
- We saw examples of joint working and timely communication with health visitors.
- The practice had carried out an audit of the quality of its 'safety netting' for child consultations.

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 available outside of working hours. Weekend and evening primary care services were also available through the local 'hub' network service.
- The practice offered online appointments, repeat prescriptions and email communication with the doctors. Telephone

consultations were easily available to assess whether a face-to-face consultation was required. The practice website included up-to-date information about its services on its website.
- The practice provided a wide range of health promotion, travel advice and screening reflecting the needs for this age group. These services were available during extended hours. The practice did not offer routine screening for HIV for new patients.
- Practice patient uptake for the cervical screening programme was high at 81%. The practice had implemented its own call and recall system to improve uptake further.

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 offered longer appointments for patients with a learning disability or other complex needs. The practice had a good track record of carrying out annual health reviews with patients with learning disability.
- The practice welcomed patients regardless of their circumstances. The practice registered patients from a local refuge, a probation hostel and children from a local care home. The reception team knew the more vulnerable patients and responded sensitively.
- Vulnerable patients were supported to register at the practice, for example patients at risk of serious harm were able to register without an identifiable address.
- All staff were involved in team meetings to review ongoing safeguarding concerns. The whole staff team demonstrated good awareness 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 recent examples where staff had raised concerns about children and vulnerable adults to ensure they were protected from abuse.
- The practice kept a register of carers and assessed their needs. The practice informed carers how to access support groups and voluntary organisations, for example the local carers association.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Summary of findings

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).

- The practice provided dementia screening with referral to specialist services for patients meeting the criteria.
- 83% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams and the local dementia nurse in the case management of people experiencing poor mental health, including those with dementia.
- 95% of patients with diagnosed psychosis had a documented care plan in the last 12 months.
- 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.
- The reception team were seen as an integral part of the service for patients with enduring mental health problems. For example, patients were welcomed if they came in to the reception for a chat. We were given examples of how the reception staff had picked up on signs that patients they knew were becoming unwell and had alerted the doctors.
- The practice signposted patients to the IAPT (Improving Access to Psychological Therapies) programme, counselling and online support for mental health issues.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results suggested the practice was performing better on most aspects of patient experience than other practices. The response rate was 31%: 339 survey forms were distributed and 119 were returned.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 97% found the receptionists helpful (CCG average 83%, national average 87%).
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77%, national average 85%).
- 84% said the GP was good at treating them with care and concern (CCG average 79%, national average 85%).
- 69% said they usually got to see or speak to their preferred GP (CCG average 52%, national average 59%)
- 94% described the overall experience of their GP surgery as good (CCG average 78%, national average 85%).
- 91% 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 five patients and members of the practice patient participation group. We received 15 comment cards, all of which were wholly positive about the standard of care received.

Patients described the staff as kind and the clinical team as caring and professional. Patients commented that their doctor took account of their wider circumstances and needs. Patients gave multiple examples of when the practice had supported them and advocated on their behalf to ensure they received prompt and appropriate treatment and care.

The Windmill Medical Practice

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 and a second CQC inspector.

Background to The Windmill Medical Practice

The Windmill Medical Practice provides NHS primary medical services to around 7200 patients in the Cricklewood and Kilburn areas of North West London, through a General Medical Services contract. The catchment area of the practice crosses three local authorities Brent, Barnet and Camden. The practice provides services from a single surgery.

The current practice staff team comprises four GP partners (male and female), a practice nurse, part-time phlebotomists and health care assistants, a practice manager and a team of receptionists and administrators.

The practice is open between 8.00am-6.30pm on weekdays, closing for lunch between 12:30pm and 1.30pm. Appointments are available morning and afternoon. The practice also offers extended hours opening from 7.00am on Wednesday morning, and until 7.30pm on Monday evening. The GPs undertake home visits for patients who are housebound or are too ill to visit the practice.

When the practice is closed, the practice has arranged for patients to access an out-of-hours primary care service.

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, what to do in an emergency. This information is also provided in the practice leaflet and on the website. The practice also includes information on local urgent care centres and the local network 'hub' practices which offer appointments in the evening and at weekends.

The practice has a higher than average proportion of adult patients in the 20-44 age range. The proportion of babies and very young children is in line with the English average. The practice has fewer patients over 65compared to the national average 9.8% compared with national average 16.5%.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures 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.

Detailed findings

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 4 November 2015. During our visit we:

- Spoke with a range of staff (two GP partners, the practice nurse, the practice manager and members of the administrative team).
- We spoke with five patients who used the service and members of the practice patient participation group.
- Observed how patients were greeted and treated at reception.
- Reviewed 15 comment cards where patients shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed policies, procedures and written checks and risk assessments recorded by the practice.
- We inspected the premises and equipment to check these were well maintained and suitable for use.

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 or GP partners of any incidents and were encouraged to use the recording form available on the practice computer system.
- The practice carried out a thorough analysis of significant events.
- Significant events were discussed at the regular fortnightly team meeting which all staff attended if present. The practice manager maintained an action log to ensure that areas and actions for improvement were implemented.

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. The practice recorded a wide range of incidents (including administrative) for discussion and learning and shared many examples with us. For example, a child was brought into the practice as an emergency, unconscious in anaphylactic shock. The practice immediately administered the recommended treatment and oxygen. However, they realised that they had no paediatric pads for the defibrillator should the child's condition deteriorate. In the event, the child responded to treatment without requiring resuscitation. As a result of this event the practice ordered paediatric pads and included these on the emergency checklist.

When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice was aware of the National Reporting and Learning System for patient safety incidents and had on occasion reported through this system.

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 followed up concerns about patients at potential risk, for example, a child who was physically punished by a relative in the surgery and an older adult with dementia who was at risk of financial abuse. The practice had a number of patients, for example from a local refuge, who were at particular risk. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All the staff we spoke with were able to give us practical examples of steps the practice had taken to safeguard patients at risk. The GPs and the practice nurse were trained to safeguarding 'level 3'.
- The practice ensured that systems were also in place to keep staff safe from abuse, for example using chaperones when specific risks to clinical staff had been identified.
- Notices in the waiting room and consultations rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 had day to day responsibility for infection control and kept up to date with best practice. There was an infection control protocol in place.
- The practice had requested an external infection control audit from the local NHS infection control team and the practice had acted on the recommendations. The practice nurse also carried out infection control audit. The practice nurse had recently joined the practice and had also recommended some improvements which had been implemented.

Good

Are services safe?

- The practice managed medicines safely, including emergency drugs and vaccinations. Procedures covered obtaining, prescribing, recording, handling, storing and security of medicines. 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 the practice nurse to administer medicines in line with legislation. The practice had a system in place for reviewing and recording uncollected prescriptions however this did not include a failsafe mechanism for the GPs to be alerted within an agreed timeframe.
- 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.
- The practice had 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. 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.

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 basic life support training and the practice held appropriate medicines for use in an emergency.
- 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. The practice had experienced emergency situations, for example when a patient collapsed in the waiting room and required life support and oxygen before paramedics arrived. This patient made a good recovery.
- 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. The practice had recently experienced loss of water following a burst main. The practice had successfully and safely continued to provide a service, cancelling only those appointments which required running water to be available (for example, dressings).

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 clinical staff up to date. Staff had access to guidelines from NICE and locally tailored guidance and pathways 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.
- The practice took advantage of local courses, resources and forums, for example the practice nurse attended the Kilburn nurses forum and the GPs attended locality network meetings where guidelines were disseminated and discussed.

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 practice obtained 97.3% of the total number of points available in 2014/15 which is above the national average of 94.7%.. This practice was not an outlier for any QOF (or other national) clinical targets**.**

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 75%, 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 94%, 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 was in line with the national average at 85%.
- The percentage of patients diagnosed with dementia who had a face-to-face review in the preceding 12 months was in line with the national average at 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, significant events and safety alerts.
- The practice carried out completed audits where improvements were implemented and monitored. For example it had audited renal function monitoring in patients on ACE (angiotensin converting enzyme) inhibitors in 2014. It found that only 69% of patients had been monitored with a blood test in the previous year. In response the practice had set up an alert on the computer records system to remind staff that blood tests should be carried out. The practice carried out a second audit in 2015 and found that 87% of patients had now had appropriate checks. The practice intended to re-audit again in 2016 to ensure that changes in practice were being maintained and further improved.
- The practice participated in local audits and national benchmarking and was aware of its comparative performance. Medication reviews had been carried out with patients and where indicated, prescriptions had been changed to optimise treatment.

The practice faced particular challenges in providing care because its catchment area covered three different boroughs and the practice had to liaise and work with different agencies, authorities and services in each borough. The practice recognised this as a risk and worked hard to understand the full range of resources and opportunities available to patients and coordinate care effectively. The practice monitored its performance and outcomes data to ensure that patients were not disadvantaged by their area of residence. The practice had recently identified a variation in the rate of emergency admissions between patients living in the different areas. The practice planned to investigate this further to determine whether it might be due to differential access to services.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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 provided protected time for role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. The healthcare assistant and phlebotomists had completed training and certification for their role. The practice nurse and GPs provided support to the health care assistant and phlebotomists.
- 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 and telephone 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 clinical sessions, one-to-one meetings, appraisals and facilitation and support for revalidating GPs.
- 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 as well as external resources.

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 with other health and social care services to meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved were referred to, or after they were discharged from hospital. The practice took part in local initiatives to avoid unplanned or emergency admissions for patients with complex health problems, for example housebound patients, who were at risk of rapid deterioration. The practice reviewed any unplanned admissions and had relatively low emergency admission rates.

We saw evidence that multi-disciplinary team meetings took place monthly and that care plans were routinely reviewed and updated. The practice was aware of and utilised available community services such as STARRS (a rapid response service in Brent) for the benefit of patients.

The practice had been involved in setting up an internal peer review process to review the appropriateness of its referrals both by looking at prospective and retrospective referrals. The practice told us the peer review process reduced delays to referrals which sometimes occurred when using external referral management services and was an additional source of learning. This had been identified as good practice and recommended by the Clinical Commissioning Group to other practices. The practice manager was a 'referral champion' who visited other practices in the locality to support wider learning.

The practice was responsible for out-of-hours care for its patients and contracted with an out-of-hours provider for this service. Communication between the practice and the out-of-hours service was prompt. The practice notified the service of any patients at particular risk, for example those on the palliative care list.

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 assessed the patient's capacity and, recorded the outcome of the assessment.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients in need of extra support to live healthily.

- These included patients in the last 12 months of their lives, carers, those living with or at risk of developing a long-term condition and those seeking advice on their diet, smoking and alcohol cessation. Patients were signposted to relevant services where these were available, for example newly diagnosed diabetic patients were referred to educational programmes.
- Smoking cessation advice was available through the practice.

The practice told us that one of their goals was to give patients the self-confidence to manage their own conditions effectively. The practice encouraged patients with long-term conditions to book appointments at the end of the clinical session so their doctor could take longer to discuss education and self-management. The practice nurse had recently reviewed her appointment times and extended consultations for various long-term conditions to ensure she had sufficient time with patients.

The practice's uptake for the cervical screening programme in 2014/15 was good at 81%. The practice had implemented its own call-recall system for patients rather than relying on the national programme. 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. The practice did not routinely recommend new patients were screened for HIV.

Childhood immunisation rates were good and in line with or better than 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 patients aged 40-74. The practice had met its 2014/15 target for NHS health checks. Any concerning risk factors were followed-up with an appointment with a doctor.

Good

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.
- Reception staff said they were able to take patients to a more private area if they wanted to discuss sensitive issues or appeared distressed.

All the patients we interviewed and the comment cards we received were positive about the service. Patients described the staff as kind and the clinical team as caring and professional. Patients said that their doctor took account of their wider circumstances and needs. Several patients commented on how good the reception staff were.

Results from the national GP patient survey showed that the practice was performing better than other local practices and in line with the national average for the caring element of the service. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 80%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 91%).
- 97% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

The practice scored highly on the 'Friends and Family' test with almost all patients saying they would recommend the practice to others and also on online feedback sites.

Care planning and involvement in decisions about care and treatment

Patients commented that they were 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.

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

- 84% 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%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%).
- 88% 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. Fifteen per cent of the practice population had caring responsibilities. Written information was available to direct carers to the various avenues of support available to them. In one case, the GP had worked closely with a patient with mental health problems and their relative to safeguard the patient from extremism. The practice recognised the family's need for support.

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

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. For example the practice provided an in-house phlebotomy service.

- The practice offered extended opening hours on a Monday evening until 7.10pm and Wednesday morning from 7.30am for patients who found it difficult to attend during normal opening hours.
- The practice offered telephone consultations.
- There were longer appointments available daily for people with long term conditions or complex problems.
- Older patients and those with a chronic disease had a named GP.
- Patients were encouraged to see the same doctor over time wherever possible for continuity.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available all patients if required and particularly for older patients, children and those with serious medical conditions.
- All consultation rooms were located on the ground floor and the practice was accessible to wheelchair users. The practice had a parking space for disabled patients but did not have an accessible toilet due to building constraints.

The practice provided care to a children's home, a refuge and a probation hostel catering for particularly vulnerable groups of patients. The practice sought ways to overcome potential barriers and risks rather than refuse to register patients who presented challenges. For example, the practice enabled patients at risk of harm to register without an identifiable address.

Access to the service

The practice was open between 8.00am-6.30pm on weekdays, closing for lunch between 12:30pm and 1.30pm.

Appointments were available morning and afternoon. The practice also offered extended hours opening from 7.00am on Wednesday morning, and until 7.10pm on Monday evening.

Results from the national GP patient survey showed that patient satisfaction with access at this practice tended to be much better than for most other practices.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 93% said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 94% said they were able to make an appointment or speak to someone the last time they tried (CCG average 77%, national average 85%).
- 98% said the last appointment they got was convenient (CCG average 87%, national average 92%).
- 68% of patients said they always or almost always see or speak to their preferred (CCG average 52%, national average 59%).

Patients we spoke with during the inspection confirmed they had been able to get an appointment quickly and this was typical in their experience. One person said they had used the telephone triage system recently and their problem had been resolved over the telephone, saving them time.

The practice also offered patients evening or weekend appointments at local 'hub' practices. This service had been set up by the CCG to improve patient access to primary care in Brent. Patients we spoke with were not aware of this service but said they preferred to attend their own GP. The Patient Participation Group had discussed the 'hub' service at a recent meeting and thought it was likely to be attractive to working people.

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. The website was accessible in a wide range of languages and the practice leaflet was available in large size text.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice was proactive in offering online appointment booking services and patients could order their repeat prescriptions in person, by post or use the electronic prescription service (EPS). The EPS had proved popular with patients since its introduction. The practice was introducing a text reminder service to help reduce the number of missed appointments.

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.
- 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.

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, complaints and compliments 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 vision to deliver high quality primary care. The practice mission statement was displayed in the waiting area and in the practice leaflet. From our interviews with staff at all levels during our inspection, we found that the practice vision formed the basis of their day to day work and the practice was run by a patient-centred team, who were committed and proud of the work they did. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly reviewed.

The practice had identified short-term goals to recruit an additional nurse and salaried doctor. In the longer term, the practice hoped to move to larger premises. The premises were constraining expansion of the service and we saw that the current conditions for office staff were cramped and stuffy. It was clear that the suitability of the premises for the practice had been a longstanding issue. The practice appeared to have made little progress in that time in identifying a suitable alternative.

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. The practice had recently allocated each GP a dedicated personal assistant from the office team which we were told had improved 'ownership' of issues and efficiency.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained with different members of staff responsible for specific QOF areas.
- 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.

Communication across the practice was structured around key scheduled meetings. There were fortnightly practice meetings where significant events, complaints, safeguarding issues, seriously ill patients and bereavements were discussed and decisions around learning and implementation of improvements were agreed together. There was also the opportunity for anyone from the practice team to raise any concerns or issues at these meetings. The practice paid staff to arrive early at the practice so the whole team could attend practice meetings. The receptionists told us the meetings were very important because it meant for example that they were aware of deaths and could greet affected family members with sympathy.

Leadership and culture

The partners in the practice had the experience and capacity to run the practice and ensure high quality care. The partners were visible leaders and staff told us that they were approachable and always took the time to listen to all members of staff.

The practice was active in the local health economy, for example one of the partners had chaired the Kilburn practice locality meetings The practice manager had also been an active member of the local practice network, for example, working on the network's phlebotomy bid and service and organising Care Certificate training for health care assistants in the practice network.

Newer members of staff spoke of having good quality inductions, training and support to help them in their new roles. The locum doctor we spoke with described the practice as having the best induction that they had experienced. Staff members told us that there was no rigid hierarchy within the practice team and all staff were treated as equals.

The practice encouraged a culture of openness and honesty and had a strong focus on learning.

- 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.
- Staff said they felt respected, valued and supported in the practice and had been involved in discussions about how to develop in their role.
- Staff were able to give us many examples of improvement and learning. For example, a patient complaint identified a serious flaw in the electronic prescribing system in relation to addictive medicines. As

Are services well-led?

Good

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

a result, the practice ensured that the specific issue was resolved but also initiated regular monthly meetings with the local pharmacist to ensure good ongoing coordination and monitoring of the system.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought patient feedback and engaged patients in the delivery of the service. It gathered feedback from patients through the patient participation group (PPG) and through surveys, online feedback and complaints. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients had expressed concerns about not being able to access the out-of-hours service at the local 'hub' practice directly. As a result the 'hub' service now provided a telephone number patients could use to access the service. The practice provided information for patients about this when the surgery was closed.

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and ready to trial innovations that might be of benefit. For example, in response to increasing demand, the practice had introduced a telephone triage system for same day appointments. A GP called patients back to determine whether they needed to attend the practice for a face-to-face consultation that day. Patients we spoke with who had experienced this system thought it worked well. The receptionists were also positive and said it helped to change patient perceptions of the receptionists as 'gatekeepers'.