Sudbury Primary Care Centre

Quality Report

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Date of inspection visit: 2 November 2017
Date of publication: 12/12/2017

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients in all population groups. However, there was evidence of some good practice.

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement

We carried out an announced comprehensive inspection at Sudbury Primary Care Centre (also known as Sudbury Surgery) on 2 November 2017 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.

At this inspection we found:

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. However, the practice could not demonstrate that all staff were trained in safeguarding children to a level appropriate to their role.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, the practice did not have a process in place to monitor the use of prescription pads for controlled drugs.

Summary of findings

- There was an effective system to manage infection prevention and control.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. There was a system for receiving and acting on safety alerts.
- We found that some patient outcomes were below expectations compared with similar services and antibiotic prescribing was significantly higher than the national average.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Results of the national GP patient survey, comments cards we received and patients we spoke with showed patients felt they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- The practice team told us their aim was to provide high quality care and good patient outcomes. However, there was no supporting written strategy or business plan to support this.
- There was a leadership structure and staff felt supported by corporate management and the principal GPs.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review the NICE Guidelines NG51: Sepsis Recognition, Diagnosis and Early Management to ensure the practice can appropriately assess all patients, including children, with suspected sepsis.
- Record the immunisation status for employees involved in direct patient care in line with guidance.
- Consider including the long-term locum GPs and practice nurses in the appraisal programme.
- Review the requirements of the Accessible Information Standard.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.
- Review how practice opening times, including access to the surgery by telephone, are advertised to patients to ensure they are consistent and in line with contractual requirements.
- Consider recording verbal complaints to enable all patient feedback to be captured and any trends identified.

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

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

Sudbury Primary Care 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.

Background to Sudbury Primary Care Centre

Sudbury Primary Care Centre (also known as Sudbury Surgery) operates from a three-storey, purpose-built NHS property at Vale Farm, Watford Road, Wembley HA0 3HG. The property is owned and maintained by Community Health Partnerships (CHP). The practice has access to five consultation rooms and two treatment rooms on the ground floor. The practice premises are fully accessible.

The practice provides NHS primary care services to 8,836 patients and operates under an Alternative Provider Medical Services (APMS) contract (APMS is a locally negotiated contract open to both NHS practices and voluntary sector or private providers) The practice is part of NHS Brent Clinical Commissioning Group (CCG).

Sudbury Primary Care Centre is managed by the provider organisation Network Healthcare Solutions Limited (also known as NHSolutions). NHSolutions is a corporate group which provides primary medical services at a number of locations across England. Executive management oversight is provided by NHSolutions which includes performance monitoring and central functions such as human resource management, payroll and review and update of policies and procedures. NHSolutions were awarded the contract to run the practice on 1 November 2016. The contract had previously been provided by Integrated Health Community Interest Company (CIC). All staff, including the two principal GPs, were subject to the Transfer of Undertakings Protection of Employment (TUPE) regulations to the new provider organisation.

The practice is registered as an organisation with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice staff comprises of two male salaried GPs (nine sessions each per week), two female regular GP locums (six sessions per week), a full-time self-employed advanced nurse practitioner, three self-employed practice nurses (1.4 whole time equivalent), two phlebotomists (1.5 whole time equivalent), a full-time practice manager and deputy practice manager and five receptionists and administration staff. In addition, the provider organisation seconded to the practice their operations manager two days a week to support the practice manager during the transition to its operational model.

The practice told us it is contracted to open between 8am and 6.30pm Monday to Friday and provide extended hours on Monday, Tuesday and Wednesday from 6.30pm to 8pm. However, on the day of inspection we found that the practice opens its doors at 8.10am and the phone lines are activated from 8.30am. We noted that the practice leaflet indicated that the practice was open from 8am each day but the practice website indicated the practice was open from 8.15 am each day.

The practice, under a separate contact with Brent Clinical Commissioning Group, provides a locality hub for all GP practices in the area. The hub is open Monday to Friday

Detailed findings

from 6pm to 9pm, Saturday from 9am to 3pm and Sunday from 9am to 3pm for patient to access GP appointments. This service is registered separately with the Care Quality Commission and we did not inspect this service.

The information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice area has a higher percentage than national average of male and female patients aged between 25 to 29, 30 to 34 and 35 to 39 years old. Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse with approximately 3.6% mixed, 54.3% Asian, 12.4% black and 4.2% other non-white ethnic groups.

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe

The practice was rated as requires improvement for providing safe services because:

- The practice could not demonstrate that all staff were trained in safeguarding children to a level appropriate to their role.
- The practice did not have a system in place to monitor and track the use of controlled drug prescription pads.

Safety systems and processes

The practice had systems in place to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and available to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. There were corporate safeguarding children and safeguarding adults at risk policies in place which we saw had been reviewed regularly and included local safeguarding contact details for Brent. However, the policies were otherwise generic, did not include the names of the safeguarding leads for the practice and referenced safeguarding coding and a clinical system not used by the practice. Staff we spoke with knew how to access the policies.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- We saw evidence that doctors and nurses had received up-to-date safeguarding training appropriate to their role. However, the practice could not demonstrate safeguarding children training for a long-term locum GP. In addition, the practice had only provided level one training for its phlebotomy staff. The Intercollegiate Guideline (ICG) "Safeguarding Children and Young People: roles and competences for health care staff" (2014), sets out the competences all health staff must have, and the minimum training requirements necessary, to recognise child maltreatment and take effective action as appropriate to their role. Level two training is the minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers.
- All staff we spoke with knew how to identify and report safeguarding concerns.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We noted that the practice had a record of the immunisation status of its clinical staff for Hepatitis B. However, the practice could not demonstrate the immunisation status of its staff in direct patient care for all the recommended routine immunisations in line with the recommendations of the 'Green Book' Immunisation against infectious diseases (chapter 12).
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Facilities management was overseen by the practice's landlord in a shared NHS health facility. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice demonstrated a sepsis alert on its clinical system and knowledge of its

management. However, the practice did not have access to a paediatric pulse oximeter (a piece of equipment that measures oxygen in the blood) required to appropriately assess children with suspected sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery for use in printers securely and monitored its use. However, the practice did not have a system in place to monitor the use of prescription pads for controlled drugs issued to patients as part of its joint care with the substance misuse team. The prescription pads were, however, securely stored.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited its antimicrobial prescribing at a practice level in conjunction with the local medicines optimisation team.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The practice had recorded five significant events since November 2016. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. For example, the practice reviewed and revised its system to monitor patient referrals to secondary care as a result of a delay with a referral.
- There was a system for receiving and acting on safety alerts.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services overall and for the population groups people with long-term conditions and working age people. We rated the population groups older people, families, children and young people, people whose circumstances may make them vulnerable and people experiencing poor mental health as good.

The practice was rated as requires improvement for providing effective services because:

- The practice could not demonstrate how performance of its clinical staff in relation to clinical decision making, referrals and prescribing was monitored and audited.
- The practice could not demonstrate what training had been undertaken for its long-term locum staff.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Prescribing data provided by the practice, extracted from the Public Health England's National General Practice Profiles, for the period July to September 2017 showed that the total number of prescribed antibiotic items per 1000 registered patients by quarter was comparable to the national average (practice 101; national 125). However, the percentage of broad spectrum prescribed antibiotic items (cephalosporin, quinolone and co-amoxiclav class) by quarter was significantly higher than the national average (practice 25% national 9%). The practice told us they were actively working with the medicine optimisation team to address its antibiotic prescribing and attended locality prescribing group meetings which was a forum to share good practice with other practices.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had carried out 113 checks.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

We found that patient outcomes for diabetes and respiratory-related indicators were below local and national averages.

The overall performance for diabetes-related indicators was 76% which was below the CCG average of 91% and the national average of 91%. The practice had a higher prevalence of diabetes than the national average (practice 10%; national 7%). We found:

- The percentage of patients with diabetes, on the register, in whom the last HbA1c is 64 mmol/mol or less in the preceding 12 months was 70% (CCG average 77%; national average 79%) with a low exception reporting of 5% (CCG 11%; national 12%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 71% (CCG average 80%; national average 78%) with a low exception reporting of 4% (CCG 8%; national 9%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 71% (CCG average 79%; national average 80%) with a low exception reporting of 6% (CCG average 9%; national 13%).

We looked at current systems in place to recall patients for annual review and saw that patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other

Requires improvement

Are services effective?

(for example, treatment is effective)

health and care professionals to deliver a coordinated package of care. For example, the practice held a monthly joint specialist diabetic nurse clinic to manage complex patients with diabetes. Staff who were responsible for reviews of patients with long term conditions had received specific training.

We found the overall performance for asthma-related indicators was 72% which was below the CCG average of 99% and the national average of 97% and the overall performance for COPD-related indicators was 44% which was significantly below the CCG average of 98% and the national average of 96%. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 63% (CCG average 80%; national average 75%) with an exception reporting of 3% (CCG average 3%; national average 2%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 58% (CCG average 93%; national average 90%) with a low exception reporting of 2% (CCG 9%; national average 11%).

Patient outcomes for hypertension-related indicators and those with atrial fibrillation (an irregular, rapid heart rate) were comparable to local and national averages. For example, the overall performance for hypertension was 97% (CCG average 98%; national average 97%) and the overall performance for atrial fibrillation was 100% (CCG average 100%; national average 99%).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates provided by the practice for the vaccines given were 90% which is in line with the target percentage of 90%.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had an effective system to invite eligible patients for a health check. The practice had undertaken 255 health checks in the last 12 months. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months which was comparable with the CCG average 85% and the national average of 84% with an exception reporting of 2% (CCG 3%; national 7%).
- 87% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months which was comparable with the CCG average of 92% and the national average of 90% with a zero per cent exception reporting (CCG average 7%; national average 12%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 87% (CCG average 92%; national average 91%) and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 92% (CCG 97%; national 95%).

Monitoring care and treatment

Requires improvement

Are services effective?

(for example, treatment is effective)

The most recent published Quality Outcome Framework (QOF) results for the period 1 April 2016 to 31 March 2017 were 80% of the total number of points available which was lower than the clinical commissioning group (CCG) average of 96% and national average of 95%. The clinical exception reporting rate was 5% which was lower than the CCG average of 9% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The provider organisation acknowledged that improvement was required in its QOF achievement for some indicators. It told us it had taken over the contract to run the practice in November 2016, eight months into the 2016/17 QOF year. At the time of the transition some long-term locum GPs had left the practice and they felt that these changes may have impacted on some patient outcomes. The GPs and management team told us for the current QOF year (2017/18) a more structured and coordinated review and recall of patients on its disease registers had been implemented which included monthly update meetings with the aim of improving QOF averages and therefore patient outcomes. The practice demonstrated its current achievement from its clinical system and an overview of how it was addressing the clinical areas where improvement had been identified.

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had undertaken three full-cycle audits in the last year which were both CCG and practice-led. Where appropriate clinicians took part in local improvement initiatives. For example, it was working closely with the medicine optimisation team and locality prescribing groups around its high antibiotic prescribing.

The practice used information about care and treatment to make improvements. For example, one audit reviewed was to review the process, timeliness and appropriateness of two-week wait referrals. The practice reviewed its two-week wait referrals for September 2016 against several parameters including the date seen in surgery, the date of referral and subsequent diagnosis. It found that 100% of patients had been referred on the same day they were seen in the surgery. Of the patients referred only one had a confirmed diagnosis of cancer. However, it was found that all patients had been correctly referred in line with referral criteria. Outcomes were shared with the clinical team. A re-audit was undertaken in September 2017 using the same criteria. It was found that 100% of patients had been referred on the same day they were seen in surgery and two patients had a confirmed diagnosis of cancer. Review of patients referred confirmed that all had been referred in line with criteria. The audit identified a potential delay with the receipt of secondary care outcome reports following referral and the practice had put a system in place to actively pursue these with the hospital.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained for substantive staff. However, the practice did not have an effective system in place to record the training of its long-term locum staff and could not demonstrate what training had been undertaken for some staff.
- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles through supervision. However, there was no formal audit of their clinical decision making or prescribing particularly for the independent nurse prescriber.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. We saw the practice had audited its patient deaths to ascertain if advance care planning which enabled patients to choose where they wished to be cared for in the final days of life had enabled them to achieve their preferred place of death.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Two-week wait referral data extracted from the Public Health England's National General Practice Profiles, for 2015/16 showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 41%, which was statistically comparable to the CCG average of 45% and the national average of 50%. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 42 patient Care Quality Commission comment cards of which 34 were positive about the service, seven contained positive and negative comments and three contained negative comments. Patients providing positive feedback said they felt the practice offered an excellent service and staff were efficient, friendly and helpful. The negative feedback included perceived rudeness of some reception staff and nurses and the waiting time to be seen for their appointment when at the surgery.
- The practice actively sought patient feedback through the NHS Friends and Family Test. Results for the period November 2016 and October 2017 based on 1,874 responses showed that 83% of patients would be extremely likely or likely to recommend the service.
- Four members of the patient participation group (PPG) we spoke with said they received very good clinical care, felt involved in their treatment and care and were treated with dignity and respect.

Results from the July 2017 annual national GP patient survey, of data collected between January and March 2017 showed patients felt they were treated with compassion, dignity and respect. Three hundred and thirty-nine surveys were sent out and 101 were returned. This represented about 1.2% of the practice population. The practice was statistically comparable for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 83% of patients who responded said the GP gave them enough time (CCG average 83%; national average 86%).
- 93% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 94%; national average 95%).
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 81%; national average 86%).
- 81% of patients who responded said the nurse was good at listening to them (CCG average 84%; national average 91%).
- 82% of patients who responded said the nurse gave them enough time (CCG average 85%; national average 92%).
- 90% of patients who responded said they had confidence and trust in the last nurse they saw (CCG average 94%; national average 97%).
- 81% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%; national average 91%).
- 68% of patients who responded said they found the receptionists at the practice helpful; (CCG average 68%; national average 87%).

The practice had analysed the national GP patient survey results and developed an action plan in response to areas where improvement had been identified. For example, additional customer service training for its reception team.

Involvement in decisions about care and treatment

We saw that staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

However, the practice management team we spoke with were not aware of the Accessible Information Standard (AIS) or its requirements (to make sure that patients and their carers can access and understand the information

Good

Are services caring?

they are given). A corporate policy was later provided which had been reviewed in June 2017. However, the team were unable to demonstrate any examples on the day how the practice had implemented the requirements of the AIS or its own policy.

The practice proactively identified patients who were carers. There was a carer's information noticeboard in the waiting room which signposted carers to various support organisations and information on the practice website. We saw that carer information was captured on the patient registration form. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (0.3% of the practice list).

- Carers were invited to receive annual influenza vaccination and health checks. The practice manager told us she had recently been nominated as a carers' champion but had not commenced the role yet.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or made an home visit. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Information was also available on the practice website.

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

- 90% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 78%; national average 82%).
- 79% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 84%; national average 90%).
- 75% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%; national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice offered extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The practice sent text message reminders of appointments and used text messages to promote the influenza campaign and the NHS Friends and Family Test (FFT).
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, an accessible toilet and baby changing facility. There was a multilingual touch screen check-in facility to reduce the queue at the reception desk. We saw that the practice website included a translation facility.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. One of the principal GPs provided a weekly ward round at a local nursing home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- An in-house phlebotomy service was offered. The practice had a contract with Brent CCG to provide this service to patients of other practices in the area.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Children were seen as a priority. All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Monday, Tuesday and Wednesday and Saturday morning appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- Appointments were made for patients and their carers at the end of morning clinics when the surgery was less busy and the practice offered carers the ability to access the surgery from the rear to avoid the waiting room to help reduce any patient stress levels.
- The practice held a monthly joint clinic with the substance misuse team.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice provided GP support to a number of independent living homes.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Waiting times, delays and cancellations were managed and an attempt was made to keep these to a minimum.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and thirty-nine surveys were sent out and 101 were returned. This represented about 1.2% of the practice population.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 54% of patients who responded said they could get through easily to the practice by phone (CCG average 65%; national average 71%).
- 75% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 77%; national average 84%).
- 79% of patients who responded said their last appointment was convenient (CCG average 72%; national average 81%).
- 58% of patients who responded described their experience of making an appointment as good (CCG average 67%; national average 73%).
- 60% of patients who responded said they don't normally have to wait too long to be seen (CCG average 52%; national average 64%).

The practice had analysed the national GP patient survey results and developed an action plan in response to areas where improvement had been identified. For example, the provider had reviewed the functionality of the telephony system with the telephone company to explore if any improvements could be made to facilitate better access and patient experience, for example, call queuing.

The PPG had undertaken a survey of telephone access to ascertain the amount of time patients queued on the phone. Survey results were mixed with 27% waiting less than five minutes and 27% waiting 20 minutes and over.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way. The practice did not record verbal complaints.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing well-led services because:

- There was no written strategy or supporting business plan in line with health and social priorities to meet the needs of its practice population.
- There was no practice mission statement.
- Processes and systems in place did not support good governance oversight.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

NHSolutions had a corporate vision and strategy to deliver high quality care and promote good outcomes for patients. The principal GPs told us their aim was to provide high quality care and good patient outcomes. However, there was no formal written strategy or supporting business plan in line with health and social priorities to meet the needs of its practice population.

NHSolutions had a corporate mission to 'deliver high quality clinical services to the communities we serve.' However, there was no local mission statement for the practice.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need which included training and appraisal. All staff received regular annual appraisals in the last year. The practice utilised a number of long-term locum GPs and nurses. However, these staff were not part of the practice's appraisal programme. Staff were supported to meet the requirements of professional revalidation where necessary.
- Substantive and locum clinical staff, including nurses, were considered valued members of the practice team. They told us they received clinical supervision but there was no formal evaluation of their clinical work, for example, audits of clinical decision making or prescribing.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff we spoke with felt they were treated equally and with dignity and respect.
- There were positive relationships between staff and the management team. Staff we spoke with, including long-term locums, felt supported and told us they enjoyed working at the practice.

Governance arrangements

Executive management oversight was provided by NHSolutions which included performance monitoring and central functions such as human resource management, payroll and review and update of policies and procedures. The provider had taken over the contract in November 2016 and had implemented structures, processes and systems to support good governance and management but we found some of these required further implementation and improvement. For example:

- The provider had not assessed the training requirements of all its staff.
- There was no system in place to monitor the use of prescription pads for controlled drugs.
- There was no record of the immunisation status of employees involved in direct patient care in line with guidance.
- There was no system in place to record and monitor the training of long-term locum staff.

Are services well-led?

Requires improvement

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

- There were no formal audits of clinical staff performance, for example clinical decision making, referrals or prescribing which included a non-medical prescriber.
- Corporate policies and procedures were available to staff but some of these were generic and required review.
- Patient outcomes measured through the Quality of Outcome Framework (QOF), which included the management of some long-term condition and cervical screening was below national averages and antibiotic prescribing was significantly above national average.

However, staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control and knew how to access policies and procedures.

Managing risks, issues and performance

There were processes in place for managing risks. For example:

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

However, the practice could not demonstrate processes to manage the performance of its clinical staff, for example, through audit of their consultations, prescribing and referral decisions.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful. The provider had identified areas for improvement and there were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and the provider told us they were working in partnership to shape services and culture.
- There was an active patient participation group who met quarterly and facilitated on-going patient surveys around identified areas with the practice. We saw minutes of meetings when current practice issues had been discussed, for example, current staffing and recruitment, patient access by telephone, review of patient survey.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice took part in schemes to improve outcomes for patients in the area. For example, the practice were participating in an out of hospital services initiative designed to bring services closer to the patient in the primary care setting. For example, ambulatory blood pressure monitoring.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: • The provider could not demonstrate that all staff were trained in safeguarding children to a level appropriate to their role. • The provider did not have a system in place to monitor and track the use of controlled drug prescription pads. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have systems and processes in place to ensure: • Training was recorded and monitored for long-term locum staff. • Performance of clinical staff in relation to clinical decision making, referrals and prescribing was monitored and audited. There was no written strategy or supporting business plan in line with health and social priorities to meet the needs of its practice population. There was no practice mission statement. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.