

# Care Quality Commission

## Inspection Evidence Table

### Gladstone Medical Centre (1-646669600)

Inspection date: 20 November 2019

Date of data download: 07 November 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

## Safe

## Rating: Good

When we inspected the service in October 2018, we found that this service was not providing safe care in accordance with the relevant regulations. This was because:

- Blank prescription forms for use in printers were not handled in accordance with national guidance.
- One clinical staff member we spoke with demonstrated a lack of understanding regarding how to deal with the emergency situation and safeguarding flags.
- Disclosure and Barring Scheme (DBS) checks or risk assessments were not carried out for two non-clinical staff undertaking chaperoning duties to ensure patient safety.
- Staff we spoke with and written feedback we received on the day of the inspection raised concerns regarding inappropriate staffing levels of non-clinical staff.
- We noted paediatric defibrillator pads were out-of-date and written records were not maintained for a defibrillator check.

At this inspection in November 2019, we found that the practice had demonstrated improvements in most areas and is rated **good** for providing safe services. However, some improvements were required, because:

- The practice did not have a formal monitoring system in place to assure themselves that blank prescription forms for use in printers were recorded correctly, and records were maintained as intended in line with national guidance.
- Not all staff we spoke with were aware of the documented fire evacuation plan in place.

### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>All staff had received up-to-date safeguarding and safety training appropriate to their role.</li> <li>Staff who acted as chaperones were trained for their role and had received a DBS check.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Recruitment checks were carried out and the two staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment.</li> </ul>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 3 January 2019.</p>	Y
<p>There was a record of equipment calibration. Date of last calibration: 3 January 2019.</p>	Y
<p>There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.</p>	Y
<p>There was a fire procedure.</p>	Y
<p>There was a record of fire extinguisher checks. Date of last check: 5 August 2019.</p>	Y
<p>There was a log of fire drills. Date of last drill: 6 September 2019.</p>	Y
<p>There was a record of fire alarm checks. Date of last check: 15 November 2019.</p>	Y
<p>There was a record of fire training for staff. Date of last training: November 2019.</p>	Y
<p>There were fire marshals.</p>	Y
<p>A fire risk assessment had been completed. Date of completion: 3 October 2019.</p>	Y
<p>Actions from fire risk assessment were identified and completed.</p>	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Fire marshals had received enhanced fire safety training.</li> <li>• Fire system was serviced in July 2019.</li> <li>• Emergency lighting was inspected in October 2019.</li> <li>• There was a documented fire evacuation plan specific to the service, which included how staff could support patients with limited mobility to vacate the premises. However, most of the staff we spoke with on the day of the inspection were not aware of this plan.</li> </ul>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: March 2019.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Health and safety policy was reviewed in January 2019.</li> <li>• Security alarm and cameras were installed in communal areas and regularly maintained.</li> <li>• Electrical installation condition inspection was carried out on 1 October 2018.</li> <li>• Gas safety certificate was issued on 16 October 2019.</li> </ul>	

### **Infection prevention and control**

#### **Appropriate standards of cleanliness and hygiene were met.**

	<b>Y/N/Partial</b>
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 19 October 2019.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Clinical equipment was cleaned on a regular basis and records were maintained.</li> <li>• The practice had up to date legionella risk assessment (February 2019) in place and regular water temperature checks had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).</li> </ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice operated a system to organise annual leave and cover for unexpected absences.</li><li>• All requests for home visits were triaged by the duty GP.</li><li>• There were public health awareness posters in the waiting area and on the screen.</li></ul>	

**Information to deliver safe care and treatment**

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>All test results and referrals were managed and checked on a regular basis to ensure all were appropriate and actioned. Any abnormal or concerning test results were actioned by one of the clinicians in a timely manner.</li> </ul>	

## Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However, some improvements were required.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.74	0.59	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	8.5%	10.2%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	5.68	5.89	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	0.90	1.05	2.08	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines	Y

Medicines management	Y/N/Partial
including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	N/A
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice stored prescription stationery securely. We saw the practice had a system in place to record the use of blank prescription forms for use in printers. However, on the day of the inspection, we saw blank prescription forms for use in printers were not always recorded correctly and tracked through the practice. The practice did not have a formal monitoring system in place to assure themselves that records were maintained as intended in line with the national guidance.</li> <li>• The practice had an effective system to support vulnerable patients with requesting and collecting prescriptions. This involved checking the prescription box regularly and contacting the patient to check if they still required the medication or if a new prescription was issued.</li> <li>• The practice had an effective system to identify and monitor who collected repeat prescriptions for controlled drugs from the reception.</li> </ul>	

**Track record on safety and lessons learned and improvements made**

**The practice learned and made improvements when things went wrong.**

<b>Significant events</b>	<b>Y/N/Partial</b>
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	8
Number of events that required action:	8
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw in staff meeting minutes significant events were discussed and documented. The staff we spoke with informed us that learning from significant events had been shared with them on a regular basis.</li> </ul>	

Example(s) of significant events recorded and actions by the practice.

<b>Event</b>	<b>Specific action taken</b>
Abusive behaviour towards the staff by a patient	The practice had reviewed the incident, an alert added to the patient's record and appropriate support was provided by the practice to the relevant staff. The practice had reviewed the patient's profile and took appropriate clinical decisions to ensure the patient's safety and processed a repeat referral to the hospital.

<b>Safety alerts</b>	<b>Y/N/Partial</b>
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>There was an effective system in place to receive and share all safety alerts. If the action was required, this was assigned to an appropriate member of staff and it was recorded when this action was completed.</li> </ul>	

## Effective

## Rating: Good

When we inspected the service in October 2018, we found that this service was not providing effective care in accordance with the relevant regulations. This was because:

- The level of exception reporting was above the clinical commissioning group (CCG) average and the national average for a number of indicators.
- The practice's uptake of the national screening programme for cervical, breast and bowel cancer screening and childhood immunisations rates were below the national averages.
- Some staff had not received all the required training that was relevant to their role.

At this inspection in November 2019, we found that the practice had demonstrated improvements in most areas and is rated **good** for providing effective services, with the exception of working age people (including those recently retired and students) population group, which is rated as **requires improvement**, because of low cervical cancer screening rates.

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.23	0.40	0.75	Variation (positive)

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from the hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered 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 health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in the hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.9%	76.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	22.2% (146)	10.8%	12.8%	N/A
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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	64.1%	78.6%	78.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	24.5% (161)	7.6%	9.4%	N/A

Diabetes Indicators	Practice	CCG average	England average	England comparison
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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.8%	80.8%	81.3%	No statistical variation
Exception rate (number of exceptions).	16.7% (110)	7.9%	12.7%	N/A

#### Any additional evidence or comments

- The practice was aware of their QOF performance and had taken steps to improve the outcomes related to patients with diabetes. The practice informed us that the practice's low performance in one of the quality indicators related to patients with diabetes might be because they were following the recent guidance provided by the Cambridge Diabetes Education Programme (CDEP). The practice informed us that this year's diabetic guidelines for QOF targets had reflected the change to current best practice. We noted the practice had demonstrated improvement by reducing the exception reporting levels compared to the previous inspection in October 2018. However, the practice was required to make further improvements as the exception rates for a number of indicators were still higher than the CCG and national averages. We noted that the practice followed the national QOF protocol for inviting patients three times for the review of their long term conditions and all potential exceptions of the patient from the recall programme were reviewed by a GP.
- The practice was a pilot host site for the Brent Diabetes Prevention programme.
- A specialist diabetic nurse was offering a monthly joint clinic with a GP to review unstable diabetic patients.

Other long-term conditions	Practice	CCG average	England average	England comparison
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 using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.7%	78.0%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.1% (9)	2.5%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.6%	92.6%	89.6%	No statistical variation
Exception rate (number of exceptions).	1.7% (2)	6.9%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	72.7%	82.2%	83.0%	Variation (negative)
Exception rate (number of exceptions).	2.6% (29)	3.9%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.8%	86.5%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.2% (5)	9.1%	5.9%	N/A

#### Any additional evidence or comments

- The practice informed us they had a robust system and the team was actively involved in monitoring and inviting patients for blood pressure checks.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, childhood immunisation uptake rates were not in line with the World Health Organisation (WHO) targets for four out of four immunisations measured (in 2018/19) for children under two years of age. The practice explained that this was due to the transient population and known cultural challenges within the practice population. The practice had taken steps to improve the childhood immunisation uptake and understood that further improvement was required.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	66	82	80.5%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	85	105	81.0%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	85	105	81.0%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	85	105	81.0%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

**Population group rating: Requires improvement**

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

**Findings**

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	57.9%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	58.4%	61.8%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	38.1%	42.0%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	87.0%	79.2%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	65.5%	55.2%	51.9%	No statistical variation

**Any additional evidence or comments**

- The practice was aware of their QOF performance and explained that this was due to the transient population and known cultural challenges within the practice population, which had an impact on the cervical, breast and bowel cancer screening uptake. The practice had taken steps to encourage the uptake. For example, it was practice policy to send reminder letters and text messages to patients who did not attend for their cervical screening test.
- The practice had recruited a new part time practice nurse in February 2019 to improve the availability of appointments.
- The practice informed us the patients were able to book cervical screening appointments on

Saturdays, which were offered under the Primary Care Network (PCN) arrangement.

- The practice informed us that a new telephone system was linked with the electronic patients record, which had helped to promote and encourage the cervical cancer screening uptake, when it was identified by the system.
- The practice had a system to ensure results were received for all samples sent for the cervical screening programme. The practice had established failsafe systems to follow up women who were referred to as a result of abnormal results.
- We noted bowel cancer facilitators visited the practice in June 2019 to promote and encourage the uptake of bowel cancer screening. They telephoned 201 patients and managed to speak with 111 patients. The practice informed us that 69 kits were requested by the patients. We noted a further 40 telephone calls were made to the patients who requested a follow up call and 12 additional kits were requested by the patients.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

#### **Findings**

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for the administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.2%	90.3%	89.4%	No statistical variation
Exception rate (number of exceptions).	1.1% (2)	6.6%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.9%	91.1%	90.2%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.8%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	77.1%	84.6%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	3.5%	6.7%	N/A

**Any additional evidence or comments**

- A counsellor and a mental health nurse were offering support to patients with psychological issues associated with long term physical and mental health conditions. A mental health nurse we spoke with informed us that the practice was working closely to meet the mental health and psychological needs of patients experiencing poor mental health in an effective manner.

## Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544.3	No Data	539.2
Overall QOF score (as a percentage of maximum)	97.4%	No Data	96.4%
Overall QOF exception reporting (all domains)	9.4%	No Data	No Data

### Any additional evidence or comments

We saw the practice had carried out quality improvement activity to monitor and reduce overall QOF exception reporting. (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).

For example:

- In 2016/17, the overall clinical domain exception reporting rate was 22%. This was higher than the national average (10%). In 2018/19, the practice overall clinical domain exception reporting was 13%. This was a 9% reduction from the previous data.
- In 2016/17, exception reporting for diabetes related indicators was 30%. This was higher than the CCG average (10%) and the national average (11%). In 2018/19, the practice exception reporting for diabetes related indicators was 19%. This was an 11% reduction from the previous data.
- In 2016/17, exception reporting for chronic obstructive pulmonary disease (COPD) related indicators was 29%. This was higher than the CCG average (12%) and the national average (13%). In 2018/19, the practice exception reporting for COPD related indicators was 4%. This was a 25% reduction from the previous data.

The high exception reporting indicated that high numbers of patients had not received appropriate reviews or annual check-ups for their long term condition.

We noted that the practice followed the national QOF protocol for inviting patients three times for the review of their long-term conditions and all potential exceptions of the patient from the recall programme were reviewed by a GP. However, this process did not ensure all patients, especially those with long term conditions, had their health needs fully met. The practice informed us they had a transient patient population, and this had an impact on screening and recall programmes.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- Findings were used by the practice to improve services. For example, the practice had carried out a clinical audit to review the appropriateness of anti-diabetic medicines (used to treat blood sugar levels) prescribed to patients aged above 75 years old with type two diabetes with HbA1c less than 53 mmol/mol. The clinical audit had identified 72 patients and carried out medicines reviews to ensure they were being prescribed appropriately in line with national guidance.
- The practice had carried out repeated clinical audits to review the patients who had been taking Bisphosphonates (a class of medicines prescribed to prevent the loss of bone density) for five years or more, to ensure the appropriateness of medicines prescribed in line with national guidance. The practice had demonstrated improvement since the initial audit.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>All staff had received training that was relevant to their role.</li> </ul>	

## Coordinating care and treatment

### Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had engaged with the K&amp;W Healthcare network and more recently the Primary Care Network to provide community services to the patients. For example, the clinical pharmacist and health and social care coordinator we spoke with informed us they were working together with the practice to deliver effective care and treatment.</li> </ul>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need 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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.4%	95.6%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (14)	0.5%	0.8%	N/A

### Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y

# Caring

**Rating: Good**

## Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	52
Number of CQC comments received which were positive about the service.	43
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	3

Source	Feedback
Discussion with a patient, the patient participation group (PPG) members and comment cards	<ul style="list-style-type: none"> <li>• Three members of the patient participation group (PPG) and a patient we spoke with said staff were helpful, caring and treated them with dignity and respect. They provided excellent feedback about the service.</li> <li>• Forty-three of the 52 patient CQC comment cards we received were positive about the service experienced. Three of the 52 patient CQC comment cards we received were negative and six were neutral and raised some dissatisfaction regarding long waiting times in the waiting area and access to the service. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.</li> </ul>

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9136.0	470.0	82.0	17.4%	0.90%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	79.9%	84.8%	88.9%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	82.6%	82.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	91.0%	93.0%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	71.9%	78.0%	82.9%	No statistical variation

### Any additional evidence or comments

- The practice was aware of the national GP survey results and discussed the results and action plan during the team meetings. We noted the recent national GP survey results published in July 2019 had demonstrated improvement compared to the previous results published in August 2018.
- Feedback we had received from patients during this inspection was positive about the way staff treated people. Patients said they were treated with care and concern and had confidence and trust in the healthcare professional they saw or spoke to.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Any additional evidence
<ul style="list-style-type: none"> <li>The practice had carried out internal surveys in February 2019 and September 2019 and results were reviewed, which were positive. However, the practice had not carried out formal analysis of the internal surveys and action points were not recorded or agreed.</li> <li>We reviewed the NHS friends and family test (FFT) results for the last 12 months and noted 84% of patients were likely or extremely likely recommending this practice.</li> </ul>

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Discussion with the patient, the patient participation group (PPG) members and comment cards	<ul style="list-style-type: none"> <li>Feedback from patients demonstrated they felt involved and that their personal decisions were taken into account.</li> <li>Patients told us they felt listened to and supported by their doctor and had sufficient time during consultations.</li> </ul>

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	89.1%	89.2%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had multi-lingual staff who might be able to support patients when required.</li> <li>Written information was available for carers in the waiting area and on the practice website to ensure they understood the various avenues of support available to them.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 808 patients as carers (8.73% of the practice patient list size).
How the practice supported carers (including young carers).	The practice's computer system alerted GPs if a patient was also a carer. They were being supported by offering health checks and referral for social services support.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, their usual GP contacted them. 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.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff recognised the importance of patients' dignity and respect.</li> <li>All staff had signed the confidentiality agreement.</li> </ul>	

## Responsive

**Rating: Good**

When we inspected the service in October 2018, we found that this service was not providing responsive care in accordance with the relevant regulations. This was because:

- Results from the August 2018 annual national GP patient survey showed that patients' were not able to access care and treatment from the practice within an acceptable timescale for their needs.

At this inspection in November 2019, we found that the practice had demonstrated improvements and is rated **good** for providing responsive services.

### Responding to and meeting people's needs

#### The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.</li> <li>• The practice had developed an administration room with seven workstations to increase the work space.</li> <li>• The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility.</li> <li>• The facilities and premises were appropriate for the services delivered.</li> <li>• The practice website was well designed, clear and simple to use featuring regularly updated information. The practice website included a translation facility.</li> <li>• The practice sent text message reminders of appointments.</li> <li>• The practice had installed a touch screen self-check-in facility to reduce the queue at the reception desk.</li> <li>• The practice installed an automatic floor mounted blood pressure monitor in the premises for patients to use independently.</li> </ul>	

<b>Practice Opening Times</b>	
<b>Day</b>	<b>Time</b>
<b>Opening times:</b>	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
<b>Appointments available:</b>	
Monday	8am-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm
<b>Extended hours opening:</b>	
Monday	7am-8am & 6.30pm to 7pm
Tuesday to Friday	7.30am-8am

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9136.0	470.0	82.0	17.4%	0.90%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	87.4%	91.5%	94.5%	Tending towards variation (negative)

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and K&W network team to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check the heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by the heart each time it beats.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- 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, the practice offered extended opening hours every Monday from 7am to 8am and 6.30pm to 7pm, and Tuesday to Friday from 7.30am to 8am.
- In addition, the patients at the practice were offered extended hours appointments through local GP hubs in the evenings on weekdays and on weekends.
- Telephone and e-hub consultations were available which supported patients who were unable to attend the practice during normal working hours.

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

**Population group rating: Good**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice informed us they were using the 'Life' programme based at several gym centres across Brent to support those with physical weakness and dementia where this was deemed clinically suitable.

## Timely access to the service

### People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>In addition to pre-bookable appointments that could be booked up to two weeks in advance, web consultations and urgent appointments were also available for patients that needed them.</li> <li>Appointments were available to book online.</li> </ul>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	80.7%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	60.1%	63.9%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	64.0%	63.5%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	60.3%	66.8%	73.6%	No statistical variation

#### Any additional evidence or comments

- We noted the recent national GP survey results published in July 2019 showed that patients' satisfaction with how they could access care and treatment had improved compared to the previous results published in August 2018.
- The practice informed us their patients list size had grown by 3% in the last 12 months and they had taken steps to improve the access to care and treatment. For example, the practice had recruited a new part time salaried GP in July 2019 to offer four additional GP clinical sessions every week.

- The practice had recruited a new part time practice nurse in February 2019.
- A network employed practice based prescribing pharmacist had started in July 2019. In total, two network employed practice based prescribing pharmacists were offering eight clinical sessions every week.
- The practice had recruited an administrative staff member to focus on the call and recall system.
- The practice was encouraging patients to register for online services and 21% of patients were registered to use online services.
- We checked the online appointment records and noted that the next pre-bookable appointment with any GP was available within two weeks.
- The practice informed us they offered 105 appointments per 1000 patients.
- The practice informed us they offered 28 GP clinical sessions per week on average. In addition, the practice offered 12 trainee GP clinical sessions per week.
- The practice had installed a new telephone system in February 2019 to improve telephone access. The practice informed us the new telephone system had helped in reducing telephone waiting times. Staff we spoke with confirmed this.

Source	Feedback
Discussion with a patient, the patient participation group (PPG) members and comment cards	<ul style="list-style-type: none"> <li>• Feedback from a patient and three members of the patient participation group (PPG) was positive and reflected that they had seen improvements in telephone access and were able to get appointments when they needed them.</li> <li>• Most of the patient CQC comment cards we received were positive about access to the service. Three of the 52 patient CQC comment cards we received were negative and six were neutral and raised some dissatisfaction regarding long waiting times in the waiting area and access to the service.</li> </ul>

**Listening and learning from concerns and complaints**

**Complaints were listened and responded to and used to improve the quality of care.**

<b>Complaints</b>	
Number of complaints received in the last year.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	<b>Y/N/Partial</b>
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The complaint policy and procedures were in line with recognised guidance.</li> <li>• The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.</li> </ul>	

Example(s) of learning from complaints.

<b>Complaint</b>	<b>Specific action taken</b>
Dissatisfaction regarding communication during the clinical appointment.	The practice had apologised and explained that it was not the intention to upset the patient. The clinician had reflected on this incident to provide the best possible care in the future.

## Well-led

Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	N
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The principal GP and three senior administrators were providing the practice leadership. The practice identified leads for various aspects of the work. The practice did not employ a practice manager.</li><li>• The practice was in discussion with the NHS North West London and the Care Quality Commission to resolve the ongoing commissioning and registration issues. On the day of the inspection, we noted only one of the three partners (in accordance with the provider's CQC registration) was managing the practice as a principal GP.</li></ul>	

### Vision and strategy

**The practice had a clear vision and credible strategy to provide high quality sustainable care.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This included the delivery of high quality patient centred care, improve the health, well-being and lives of those we care for.</li></ul>	

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

### Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff feedback	<ul style="list-style-type: none"> <li>Clinical staff said they had prompt access to the senior GP when they needed clinical advice.</li> <li>Staff felt they were treated equally.</li> <li>We were informed that the practice culture was one of being open and supportive of one another.</li> </ul>

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management. However, some improvements were required.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:            The practice had a governance framework, however, monitoring of specific areas required improvement, in particular:</p> <ul style="list-style-type: none"> <li>There was no formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and records were maintained as intended in accordance with the national guidance.</li> <li>The practice had established appropriate policies and procedures. However, most of the staff we</li> </ul>	

spoke with were not aware of the documented fire evacuation procedure.

### Managing risks, issues and performance

**There were clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

### Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

## Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• Patients had a variety of means of engaging with the practice all of which were effective: text messages, emails and complaints/comments.</li> <li>• Staff feedback highlighted a strong team with a positive supporting ethos.</li> <li>• Staff said the practice asked for their feedback and suggestions about the way the service was delivered. Staff meetings were held regularly.</li> <li>• The practice had an arrangement in place with the local Church to provide accommodation for the practice in an emergency.</li> <li>• The practice was working with the K&amp;W Healthcare network to facilitate patient care where this overlaps with community mental health, social, nursing and speciality services.</li> <li>• The principal GP was the clinical director of the local Primary Care Network (PCN).</li> </ul>	

## Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>• There was an active patient participation group (PPG). We met with representatives of the PPG who told us the practice was responsive to ideas and feedback from patients and had made changes when required. For example, the practice had installed a new telephone system and introduced the staff uniform and name badges. The PPG was in discussion with the practice to display an identification board with staff names and photos in the waiting area.</li> <li>• We spoke with three PPG members and they were positive about the care and treatment offered by the practice, which met their needs. They were satisfied with online access provided by the practice.</li> <li>• They reported they felt they were kept informed by the practice.</li> <li>• They said the staff were caring and receptionists were friendly and helpful.</li> </ul>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.</li> <li>All staff received individualised training opportunities which were discussed at their appraisals. The practice used this information to inform its overall training plan.</li> </ul>	

## Examples of continuous learning and improvement

<ul style="list-style-type: none"> <li>The practice was a pilot host site for the Brent Arm of Care Information Exchange (CIE) - (Patients Know Best) to direct access patient's pathology and radiology results and clinical letters from the Imperial campus, freeing administration time for more face to face activity.</li> <li>The practice had implemented a streamlined document handling system to reduce the volume of clinical correspondence that GPs dealt with. This had successfully reduced the amount of time that the GPs spent on unnecessary paperwork. This had improved the accuracy of medicines reconciliation following hospital discharges and enabled the practice to process repeat prescriptions in a timely manner.</li> <li>The practice was part of the pilot programme and working with London North West Healthcare NHS Trust Information Technology team to develop the MESH (Message Exchange for Social Care and Health) communication system.</li> <li>The practice was using innovative approaches to accessing relevant patient information in conjunction with other providers, through the use of a system called the Co-ordinate My Care (CMC) which provided wider access to palliative care records such as advanced directives and in some cases preferred a place of death. There were systems to support improvement and innovation work.</li> <li>The principal GP had been involved in research studies and the practice had facilitated research across Brent and supported the development of wider local systems. We noted two part time research doctors were associated with the practice.</li> <li>The practice was using a text messaging software 'AccuRx' which was linked with the practice's medical software and everything sent to a patient was saved back to the medical record. This enabled the practice to send facilities to send advice, notify a patient of normal results, remind them to book appointments and leave a message if they failed to get through.</li> </ul>
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## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.