

# Care Quality Commission

## Inspection Evidence Table

### Jai Medical Centre (Brent) (1-545851372)

Inspection date: 03 December 2020

Date of data download: 02 December 2020

## Overall rating: Good

At this inspection we rated the practice good overall because:

- The practice was providing care in a way that kept patients safe and protected them from avoidable harm.
- The practice had made improvements to the way the service was led and managed and was promoting the delivery of high-quality, person centred care.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

## Safe

## Rating: Good

At the inspection on 1 October 2019 the practice was rated inadequate for providing a good service to patients. This was because:

- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not have effective systems in place to follow-up urgent referrals.
- The practice did not have an effective system to learn and make improvements when things went wrong.

At our follow up inspection on 13 March 2020, we found that the practice had made the required improvements.

At this inspection we rated the practice as good because:

- Systems had improved sufficiently to ensure patients were protected from avoidable harm.

### 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in October 2019 we found that, aside from information recorded in individual patient records, there were few formal mechanisms for sharing information within the practice about current safeguarding cases and concerns, for example at documented clinical meetings.</p> <p>We found in the follow up inspection in March 2020, that the practice had improved the mechanisms to discuss and share information about safeguarding within the practice team and across the provider's wider group of practices.</p> <ul style="list-style-type: none"> <li>• The practice had reviewed its safeguarding protocols and coding.</li> <li>• The child safeguarding register had been reviewed and updated in liaison with local social service teams.</li> <li>• Safeguarding updates were a standard agenda item on the monthly staff and clinical team meetings. These meetings were now being clearly recorded and shared.</li> </ul> <p>At this inspection we found that the new systems had been embedded into day to day practice.</p>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>The partners ran four practices across North and West London. They were able to use regular locum GPs to cover absence. Patients were able to access clinical staff at any of the sites through telephone and video call appointments.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes June 2020
There was a record of equipment calibration. Date of last calibration:	Yes 13 February 2020
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes 13 November 2020
There was a log of fire drills. Date of last drill:	Yes 4 March 2020
There was a record of fire alarm checks. Date of last check:	Yes 25 November 2020
There was a record of fire training for staff. Date of last training:	Yes February 2020
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 8 October 2020
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes 12 April 2020
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes November 2020
Explanation of any answers and additional evidence:	
Appropriate premises risk assessments had been undertaken to ensure the premises were safe for staff and patients during the Covid-19 pandemic.	

Regular health and safety audits were carried out by the practice. We saw evidence of these along with the action points. However, there was no date of the assessment on the form and no target/completion dates present for the action points.

## Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes November 2020
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
The practice had carried out infection prevention and control audits in line with the ongoing guidance regarding Covid-19. We saw evidence that action plans were in progress however no target or completion dates were present for the tasks on the plan.	

## 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes

When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

## Information to deliver safe care and treatment

### Staff had 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in October 2019 we found that several patients did not have a record of any referral appointment attended and the practice had not followed this up.</p> <p>At this inspection we found that the practice had improved its management of information.</p> <p>For example, the practice had introduced a new system to monitor urgent “two-week-wait” referrals. These referrals were initiated by the referring GP and then passed electronically to a dedicated team within the practice to monitor. All of these referrals were followed up after one week to check that an appointment had been made and then again after a further two weeks to ensure that the patient had been seen. The administrative team contacted the patient directly if no specialist clinic letter had been received by the practice. The practice maintained a log showing all completed two-week-wait referrals and highlighting those still in progress. The referral records we reviewed included clear details of the reason for the referral.</p>	

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/10/2019 to 30/09/2020) (NHS Business Service Authority - NHSBSA)	0.76	0.55	0.82	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). (01/10/2019 to 30/09/2020) (NHSBSA)	9.8%	10.3%	8.8%	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 (01/04/2020 to 30/09/2020) (NHSBSA)	5.34	5.76	5.34	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2020 to 30/09/2020) (NHSBSA)	38.0‰	47.7‰	124.1‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2019 to 30/09/2020) (NHSBSA)	0.41	0.33	0.68	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in October 2019 we found that:</p> <ul style="list-style-type: none"> <li>• There were concerns with the quality of monitoring information being recorded for patients prescribed ongoing medicines.</li> <li>• GP's were unable to explain the system used for monitoring high risk medicines.</li> <li>• There was a poor system in place for monitoring prescription stationery.</li> </ul> <p>At the inspection in March 2020, we found that the practice has improved its systems to manage medicines and safe prescribing.</p> <ul style="list-style-type: none"> <li>• The practice had improved its systems for prescribing medicines that required ongoing monitoring and produced a flow chart for clinicians to reference.</li> <li>• The practice had undertaken an audit of patients on high risk medicines and were following through with the actions.</li> <li>• The practice ran a daily search of patients prescribed medicines requiring ongoing monitoring to check if blood tests were up to date.</li> </ul>	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> <li>The practice had improved its systems for monitoring prescription security. Prescription stationery was stored securely and tracked by serial number. The practice told us less stationery was now being used due to the increased uptake of the electronic prescribing system.</li> <li>The practice had introduced a system for following up uncollected prescriptions and ensured any of concern were passed to the GP.</li> </ul>	
<p>At this inspection we found that the systems that had been put in place were continuing.</p> <ul style="list-style-type: none"> <li>The practice had worked throughout the Covid-19 pandemic to ensure that all patients on high risk medicines were monitored appropriately.</li> <li>Through a search of patient records we found that all patients who required monitoring were up to date, except for some patients who were in need of a calcium check. The practice was aware of this prior to our inspection and had a plan in place to ensure this happened.</li> </ul>	

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	8
Number of events that required action:	8
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in October 2019 we found that significant events were being recorded but the information within the incident forms was limited with no evidence that learning had been identified or effectively shared. There were no notes of staff or clinical meetings available to identify whether significant events had been discussed.</p> <p>At the follow up inspection in March 2020 we found:</p> <ul style="list-style-type: none"> <li>The practice had reviewed and revised its reporting system and staff responsibilities. All staff that were interviewed were clear about the revised process.</li> <li>The practice had repeated its reviews of the incidents for the previous 12 months. These had been documented with further detail and discussed at team meetings.</li> <li>Significant events were added as a standing agenda item to practice meetings. All staff were invited to attend.</li> </ul>	



- Meeting minutes were shared on a new internal document system which allowed managers to keep an audit trail.
- There were plans for the administrative lead to develop their skills in relation to root cause analysis which is a method to analyse and identify systemic causes of error.

At this inspection we found the new systems that had been put in place were being maintained and managed well. Staff were more aware of significant events and there was evidence that significant events were discussed in meetings with learning outcomes provided.

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

Event	Specific action taken
Death of a vulnerable patient who had not been seen by the practice for many months.	Vulnerable register reviewed. Noticed some patients circumstances had changed updated coding. The matter was discussed in a team meeting to provide wider learning.
Results sent to the wrong patient (similar names) resulting in a breach of confidentiality.	- apology offered to both patients involved by the practice - an alert was added to both patient notes. - staff were given further training on GDPR and confidentiality. - the matter was reviewed and discussed in a team meeting.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in October 2019 we received mixed feedback from clinicians about the extent to which they understood the practice's system for managing safety alerts. Alerts were managed centrally by the partners and then emails sent to clinicians if action was needed. The practice provided a log showing the response to all relevant safety alerts received.</p> <p>At the follow up inspection in March 2020 we found the systems to share learning from safety alerts had improved.</p> <ul style="list-style-type: none"> <li>• Safety alerts were loaded onto the practice document management system and assessed for relevance. Staff members were required to read relevant alerts and this was checked.</li> <li>• The practice kept a log of actions taken. For example, patients prescribed a specific injectable pen had been instructed how to use this safely following an alert.</li> <li>• We saw evidence that the practice responded to national alerts promptly. For example, the practice was responding to daily national guidance on the Covid-19 outbreak.</li> </ul> <p>At this inspection we found the new system was being managed well and we saw examples of actions taken on recent alerts for example, regarding sodium valproate and epipens.</p>	

The practice was continuing to respond to the alerts issued regarding the Covid-19 pandemic and adjusting procedures accordingly. This included a change to the appointment and triage system, infection control and measures put in place to protect both staff and patients. A folder had been compiled with specific guidance and resources relevant to patients with specific needs, for example patients in care homes.

The practice were continually updating the Patient Participation Group (PPG) when changes occurred in the practice.

## Effective

## Rating: Good

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

## 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 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.
- The practice carried out proactive home visits to older patients who had difficulty travelling to the practice and patients living in care homes.
- 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.

- Referral to complex patient management group for additional support (visiting nurse and pharmacist, holistic approach to aging and long term conditions)
- 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 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 COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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. (01/04/2019 to 31/03/2020) <small>(QOF)</small>	86.3%	77.1%	76.6%	Tending towards variation (positive)
PCA* rate (number of PCAs).	10.7% (34)	6.9%	12.3%	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	90.9%	89.5%	89.4%	No statistical variation

the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>				
PCA rate (number of PCAs).	0.0% (0)	6.5%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	81.3%	83.5%	82.0%	No statistical variation
PCA rate (number of PCAs).	2.0% (3.0)	3.8%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	65.1%	65.5%	66.9%	No statistical variation
PCA rate (number of PCAs).	2.7% (16.0)	13.3%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	78.5%	72.3%	72.4%	No statistical variation
PCA rate (number of PCAs).	2.3% (19.0)	5.6%	7.1%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	89.8%	90.6%	91.8%	No statistical variation
PCA rate (number of PCAs).	3.3% (2)	9.0%	4.9%	N/A

## Families, children and young people

Population group rating: Good

### Findings

- The practice has not met the minimum 90% for three out of five childhood immunisation uptake indicators. The practice was aware of this and was working towards improving these figures by proactively calling parents to book appointments and offering evening appointments with the nurse as well as weekend nurse appointments at the local HUB facility.
- 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 small numbers of eligible patients in the relevant categories. For example, 83% of children aged 2 who had received immunisation for measles, mumps and rubella, which was below the minimum target of 90%. However, the practice list contained only 36 eligible patients, and it had vaccinated 30.
- 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)	38	41	92.7%	Met 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)	29	36	80.6%	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)	29	36	80.6%	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)	30	36	83.3%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2018 to 31/03/2019) (NHS England)	31	34	91.2%	Met 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>

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

**Population group rating: Requires Improvement**

**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.
- The practice offered online consultations with the GP.

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). (Snapshot date: 30/06/2020) (Public Health England)	60.0%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	75.2%	60.9%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	48.0%	43.5%	58.0%	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 (01/04/2019 to 31/03/2020) (QoF)	96.4%	91.6%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	37.5%	53.9%	53.8%	No statistical variation

**Any additional evidence or comments**

The practice was aware of the lower than target results for the cervical screening programme and had produced a plan to increase the uptake for the programme. This included weekly audits of patients eligible for the test followed by a telephone call from the nurse. Appointments for the test were increased to include evening appointments one evening a week, and weekend appointments at the local HUB service. Members of the team were also planning to visit local groups, including the mosque to talk and raise

awareness. However, this has been put on hold due to the Covid-19 pandemic. The practice will continue this once it is deemed safe to do so.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- Same day appointments and longer appointments were offered as standard for those with a learning disability or in need of translation services.
- 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.
- The practice reviewed all patients at local residential homes that they were responsible for.

**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 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.
- 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 (01/04/2019 to 31/03/2020) <sup>(QOF)</sup>	93.6%	87.8%	85.4%	No statistical variation
PCA rate (number of PCAs).	3.7% (3)	7.9%	16.6%	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 (01/04/2019 to 31/03/2020) <sup>(QOF)</sup>	83.8%	77.8%	81.4%	No statistical variation
PCA rate (number of PCAs).	7.5% (3)	4.3%	8.0%	N/A

### 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)	539.05	Not Available	533.9
Overall QOF score (as a percentage of maximum)	96.4%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	4.4%	Not Available	5.9%

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

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

The practice submitted a number of audits carried out over the last two years. This included a review of how to reduce the rate of potentially hazardous prescribing with a focus on the safer use of non-steroidal anti-inflammatory drugs (NSAIDs) in patients at significant risk of complications such as gastro-intestinal

bleeding. The first audit took place in October 2019 and found five of the 637 patients prescribed NSAIDs did not have gastro-intestinal protection medication. The practice installed pre-set searches to the patient record system and carried out regular searches of the patients. The audit was repeated in February 2020 and found all patients had received gastro protection medication. This was the same result when CQC carried out a search of the records prior to this inspection.

## 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

## Coordinating care and treatment

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

Indicator	Y/N/Partial
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes

Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

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

## 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

# Caring

Rating: Good

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Source	Feedback
N/A	We did not encounter any patients attending the practice during our inspection. We did not use CQC comment cards at this inspection due to Covid-19 regulations.

## National GP Survey results

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 (01/01/2020 to 31/03/2020)	85.9%	85.8%	88.5%	No statistical variation
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 (01/01/2020 to 31/03/2020)	75.6%	83.5%	87.0%	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 (01/01/2020 to 31/03/2020)	89.2%	93.2%	95.3%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	69.6%	75.7%	81.8%	No statistical variation

Any additional evidence or comments
The practice was aware of the lower than average survey scores and prior to the Covid-19 pandemic had put measures in place to improve these areas. This included focusing on how delays were managed in the waiting room to ensure patients were kept informed of any delay and the reasons for the delay.

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

Any additional evidence
<p>The practice carried out a survey in February 2020. One hundred and seventy four patients responded to the survey and the results included:</p> <ul style="list-style-type: none"> <li>• 74% said getting through to the practice by telephone was either excellent or good.</li> <li>• 82% said the GP or nurse gave them enough time.</li> <li>• 82% said they were able to speak to their preferred clinician.</li> <li>• 85% said they were happy with the treatment received.</li> <li>• 85% had confidence in the GP or nurse.</li> </ul> <p>The practice was looking at ways that these scores could be improved. The scores had been discussed at both team meetings and the Patient Participation Group (PPG) meeting where an action plan for improvement was being developed.</p>

### 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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Easy read and pictorial materials were available. The practice team spoke a range of the languages commonly spoken in the local community. The practice also used translation services when needed.</p>	

## 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 (01/01/2020 to 31/03/2020)	87.2%	89.8%	93.0%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	105 carers had been identified (2% of patient list)
How the practice supported carers (including young carers).	The practice had mechanisms to identify carers. For example, when patients registered at the practice. The practice added flags to the electronic records system which alerted staff when a carer contacted the practice. Carers were given priority and flexibility over appointments. The practice provided information for carers about locally available support and services in the waiting area. The practice offered carers an annual flu vaccination and an annual health check.
How the practice supported recently bereaved patients.	The patient's GP normally contacted the family after a death. Bereavement support information was available in the waiting room and the clinical staff were also to advise.

## 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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:  At the time of inspection, due to Covid-19 regulations, only one patient was permitted in the waiting room at a time. However, we were informed that if patients wanted to talk privately, the practice manager's office would be made available.	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence:  Online services were relatively new to the practice due to the need to create safer access to clinicians during the Covid-19 pandemic. Effective procedures had been put in place and all staff were aware of them. However, there was no overarching written policy and procedure document to tie them all together.	

# Responsive

# Rating: Good

## 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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 20:00
Thursday	08:00 – 18:30
Friday	08:00 – 18:30
Appointments available:	
Monday	08:00 – 13:00 and 15:00 – 18:30
Tuesday	08:00 – 13:00 and 15:00 – 18:30
Wednesday	08:00 – 13:00 and 15:00 – 18:30 and 18:30 – 20:00
Thursday	08:00 – 13:00 and 15:00 – 18:30
Friday	08:00 – 13:00 and 15:00 – 18:30
Hub Appointments	
Monday – Friday (face to face and e-consult)	18:30 – 20:00



## 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.
- The practice offered a frailty/welfare check phone call with a face to face follow up in required.
- Referrals to the rapid response team (STARRS) were provided when needed. This included a home visiting team to assess and treat conditions to avoid hospital admission.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for patients.

## 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 ran a monthly specialist diabetic nurse clinic.
- Patients were directed by the practice towards self-referrals for talking therapies and physiotherapy.
- The practice liaised regularly with the local district nursing team and community matrons 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.

## Families, children and young people

## Population group rating: Good

### Findings

- Additional nurse appointments were available until 8pm on a Wednesday for school age children so that they did not need to miss school.
- 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.
- Referrals to Child and Adolescent Mental Health Services or paediatrics as needed.

- Contraceptive advice and prescription (oral medication only, patients signposted for other services).
- Screening for chlamydia in young people.
- Clinical staff trained regarding female genital mutilation, if found in a woman who is a mother-parents are counselled regarding the law.

### **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.
- Online services
- Telephone/video consultation where appropriate
- E-consult- response within 1 working day
- Text service allows patients to respond and attach photos
- Prescriptions: Electronic prescriptions, repeat dispensing where appropriate
- Phlebotomy service in-house
- NHS health check from 40yrs
- Smoking cessation
- Information on website guiding self-care
- Dedicated administrative queries slots for same-day response to simple queries (via text or telephone call from reception)
- Network Hub appointments; - e-consults, face to face, nursing appointments after working hours and weekends.

### **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.
- Learning disability health checks annually.
- Care home residents- dedicated nurses from network for care homes, usual GP reviews monthly (additional as needed).
- Referrals to appropriate services- domestic abuse line, learning disability community clinic.
- Social prescriber support.
- Safeguarding referrals were made as appropriate, responding to requests for information in a timely manner.

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

**Population group rating: Good**

**Findings**

- Regular longer appointments (20 minutes) for reviews with GP or mental health nurse.
- Annual dementia review.
- Annual physical health check.
- Referrals to dementia or mental health clinic as appropriate.
- Text or inform patient of Brent mental health crisis line.
- Advise patients of online resources, including mental health apps to aid self-care.
- Social prescriber support.
- Family support for patients with dementia for example links to support regarding power of attorney and end of life care.
- Self-referral to talking therapies service (referral is sent for patients who would struggle to manage this).

**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.	Yes

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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 (01/01/2020 to 31/03/2020)	75.8%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	55.9%	59.4%	65.5%	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 (01/01/2020 to 31/03/2020)	60.1%	59.1%	63.0%	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 (01/01/2020 to 31/03/2020)	55.5%	64.3%	72.7%	No statistical variation

### Any additional evidence or comments

The practice had carried out their own patient survey in February 2020 and were currently consulting with the Patient Participation Group (PPG) regarding actions to take in order to improve scores. This had been delayed through the Covid-19 pandemic. One hundred and seventy four patients responded to the survey and the results included:

- 77% said that getting through to the practice by telephone was either good or excellent.
- 64% said the availability of appointment was good or excellent.
- Only 27% of patients said that they were aware of the e-consult system where patients can communicate with the practice electronically.

The practice initiated an awareness campaign with patients to raise the awareness of the e-consult system as the Covid-19 pandemic began and the switch to more online communication started.

The practice carried out another patient survey in November 2020 in regard to access to the practice during the pandemic. Sixty seven responses were received and the results included:

- 65% had received advice or treatment via non-traditional methods such as telephone, video or e-consult since March 2020.

- 79% of those patients who had not contacted the practice in this way would like to do so in the future.
- 25% were satisfied with the outcome of the e-consult.
- 56% rated the video or telephone consultation as good and 25% had rated it as OK.
- 79% would be happy to have a video or telephone consultation, where appropriate for future appointments.

Source	Feedback
Comments provided with the practice patient survey.	Patients were very happy with the service that they received from the practice, however some patients would still prefer to have a face to face appointment rather than a video or telephone call.

**Listening and learning from concerns and complaints**

**Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	22
Number of complaints we examined.	20
Number of complaints we examined that were satisfactorily handled in a timely way.	22
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: Following a number of linked complaints, the practice undertook a root cause analysis to identify any common traits in the complaints in order to address and learn from them. The practice was still assessing this matter and drawing up an action plan.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Staff not answering calls, being rude and not listening to patients.	This was addressed in the team meeting where appropriate further training was given. An apology was provided to the patient.
Complaint patient was given inappropriate advice about pre-diabetes.	This was discussed in the team meeting and further training was given at the monthly meeting. An apology was provided to the patient.

## Well-led

## Rating: Good

At the inspection in October 2019 the practice was rated inadequate for providing a well led service. We found that governance systems were in place but not comprehensive. The practice had not identified clear gaps in governance and was not managing risks effectively. Systems and processes for sharing learning were weak.

At the follow up inspection in March 2020 and the current inspection, we found that the practice had made the required improvements. At this inspection we found the changes implemented had been maintained.

### 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: At the inspection in October 2019 we found that there was a lack of clarity about the division of responsibility for clinical oversight between the partners (who did not normally provide clinical sessions at the practice) and the local clinical leads. For example, one of the clinical leads told us they had not been involved in any clinical audit and were unaware of recent audit findings. At this inspection we found evidence that the practice had reviewed its organisational structure and line management since the previous inspections. There was greater clarity about the division of responsibility and arrangements for clinical oversight. Managers, staff and clinicians had been involved in these decisions. The clinical lead GP role was more clearly established with regular sessions at both sites.	

### 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.	Yes
There was a realistic strategy to achieve their priorities.	Yes

The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

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

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

Source	Feedback
Staff interviews	Staff we spoke with told us that the practice was a good place to work and patients received a good service. Staff were happy to come to work throughout the pandemic to ensure their patients received the support they needed. Staff also said that the partners were accessible and responsive to any concerns that they had.

## Governance arrangements

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

	Y/N/Partial

There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>At the inspection in October 2019 we found that some areas of governance was lacking. Meetings were not routinely recorded. The notes that existed, for example, of multidisciplinary meetings were insufficient. For example, they did not specify actions to be taken in relation to individual patients. It was unclear from talking to clinical staff whether actions agreed at these meetings were recorded within the patient notes.</p> <p>Since the previous inspections, the practice had reviewed its governance arrangements. The practice held monthly practice meetings. Standard agenda items included safeguarding, complaints and any significant events. We saw evidence that meetings were clearly documented including multidisciplinary team meetings and the patient participation group meetings.</p> <p>We found that there were clear arrangements for clinical oversight, supervision and appraisal. Staff we spoke with told us that they were supported professionally and were given dedicated time for professional development and learning. Clinical leads had dedicated time for their management roles.</p>	

## 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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<p>At the inspection in October 2019 we found that the practice's systems to identify, manage and mitigate clinical risk were inconsistent. Some areas such as test results were being managed closely but there was little oversight of other risks. The practice was not following current guidelines and consistently following up patients referred for urgent cancer investigation. The practice could not demonstrate that</p>	



clinicians were safely prescribing medicines that required ongoing monitoring. However, assurance of this was provided by the practice following the inspection.

At this inspection, we found that the practice had fully addressed these concerns. New systems had been put in place, tested and evaluated to address these risks.

We found no outstanding monitoring in the clinical records except some patients were overdue a calcium test. The practice was aware of this and was contacting the patients to undertake these checks.

### 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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence:	
We found that during the Covid-19 pandemic the use of online services had increased and new systems had been developed. These systems were working well but there was no overarching policy and procedure in place to guide staff in their use.	

## 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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had an active patient participation group that involved patients from both sites. The group discussed all aspects of the practice and were currently helping develop the action plan for the patient survey.</li> <li>The practice worked with stakeholders. For example, the practice was hosting one of Brent's extended hours primary care hub services in the evenings and at weekends.</li> </ul>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in October 2019 we had concerns over the mechanisms for sharing learning from audit, incidents and complaints as they were ineffective. While incidents were recorded, details about any investigation and actions taken were limited. The practice held fortnightly learning events for clinicians but these discussions were not documented.</p> <p>At this inspection we found that systems had greatly improved. Staff training and learning events were now documented and all staff were invited to relevant events. The practice had begun a process of root cause analysis to investigate events and to share learning.</p>	

### Examples of continuous learning and improvement

The practice had strengthened its cervical screening monitoring system to ensure all patients who had undergone screening had received a result and appropriate action had been taken for abnormal results. The practice had proactively identified two cases which would otherwise have been missed using the new process.

## 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.
- **\*PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#) ).
- ‰ = per thousand.