Harness Harlesden Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Harness Harlesden Practice on 20 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The provider was aware of the requirements of the duty of candour.
- The practice had clearly defined and embedded systems to minimise most risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had the skills and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were treated with compassion and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The service was accessible. Patient feedback was positive about the ease of getting an appointment. Urgent appointments available the same day. The provider had recruited two regular GPs with the aim of improving continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- The practice should ensure that key information for example, documented medicines reviews, are accessible in patients medical records including patients living in local care homes.
- The practice should increase the use of clinical audit to investigate its performance and drive improvement in relation to practice priorities.

Summary of findings

- The practice should actively encourage eligible patients to attend for breast cancer screening.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- The practice had an effective system for reporting and recording significant events. Lessons were shared and action was taken to improve safety in the practice.
- When things went wrong patients were informed, given an explanation and a written apology. Patients were told about any actions to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices to minimise most risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed that practice performance in managing long-term conditions tended to be in line with the national average.
- Staff were aware of and used current evidence based guidance.
- We saw evidence of clinical audit which was largely driven by contractual requirements. The practice had also carried other quality improvement work with positive results.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice worked with patients, their carers and other services to provide good quality and coordinated end of life care.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey was mixed with patients rating the practice above average for the quality of nurse consultations and the helpfulness of reception staff.

Summary of findings

- Patients participating in the inspection said they were treated with compassion and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population, for example providing antenatal and postnatal services.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day. The practice scored above average for the accessibility of the service on the national GP patient survey.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from a recent example showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

- The practice had a clear purpose and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities.
- There was a clear leadership structure. The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice had effective arrangements in place to identify and monitor most risks, although we found a few areas for improvement. For example, there were some gaps in the medical records for patients living in care homes.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. The practice had systems to notify patients of any incidents meeting the duty of candour criteria. The practice learned from incidents, accidents and alerts.

Summary of findings

- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with its patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments as appropriate.
- The practice had secured a contract to provide a dedicated GP service to a number of local care homes in the area. We were told this had resulted in a reduced rate of ambulance call outs to these homes. In 2015/16, the practice achieved a significantly lower rate (age-adjusted) of prescribing of hypnotic medicines compared to the national average.
- The practice maintained a register of patients receiving palliative care. Patients receiving palliative care and, when appropriate, their carers were involved in planning their care, including their end of life care.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with advice and preventive care to help them to maintain their health and independence. For example, the practice offered flu, shingles and pneumococcal vaccination to eligible older patients.
- Staff were able to recognise the signs of abuse in vulnerable older patients and knew how to escalate any concerns.

People with long term conditions

Good

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

- The practice maintained registers of patients with long-term conditions. There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The GPs and practice nurse had lead roles in long-term disease management.
- The practice had performed well on the Quality and Outcomes Framework (QOF) for aspects of long-term disease management. For example, the practice had improved its approach to managing diabetes by offering longer appointments and introducing practice-based clinics with the

Summary of findings

local specialist diabetic nurse. In 2015/16, the percentage of diabetic patients whose blood sugar levels were adequately controlled was 79% which was in line with the national average of 78%.

- The practice participated in a locality-based scheme to reduce unplanned admissions which targeted patients with complex or multiple long-term conditions. Patients at risk of hospital admission or sudden deterioration were identified as a priority. The GPs worked with health and social care professionals to deliver a tailored multidisciplinary package of care and participated in the local 'complex patient management' group.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- The practice had a higher proportion of young families in its population and the practice provided antenatal and postnatal services which exceeded its contractual obligations. We were told this was because the practice considered these services to be an integral component of good primary care.
- Immunisation rates were high for standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- 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. The practice liaised with the local multiagency safeguarding hub (MASH).
- The practice liaised with midwives, health visitors and school nurses to support families and children, for example identifying new parents in need of psychological support and in following up potential safeguarding concerns.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students).

Summary of findings

- The needs of working age patients had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, the practice was open on Saturday morning.
- The practice offered a range of ways to access services, for example, daily telephone consultations with a GP, online appointment booking and an electronic prescription service. The practice used a messaging service to communicate with patients and send appointment reminders.
- The practice offered health promotion and screening services reflecting the needs for this age group, for example NHS health checks for patients aged 44-75 years.
- The practice provided an oral contraceptive service and signposted patients requiring other forms of contraception to the family planning service located in the same building.
- In 2015/16, 80% of eligible women registered with the practice had a cervical smear test within the last five years, in line with the national average of 81%.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances for example patients with a learning disability. Alerts were included on the electronic patient record system to ensure that staff were aware of patients who required additional assistance.
- The practice offered longer appointments for patients with a learning disability and annual health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various services, support groups and voluntary organisations for example drug and alcohol services and the local wellbeing coordinator.
- Staff interviewed knew how to recognise signs of abuse in children, young people and vulnerable adults. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified carers and provided them with carers' packs with information about available support.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Patients at risk of dementia were offered screening and referral to the local memory services.
- The practice carried out advance care planning for patients living with dementia.
- In 2015/16, 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was statistically comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- In 2015/16, 60% of patients with a diagnosed psychosis had a comprehensive care plan in their records. This was lower than the national average but the practice had experienced a recent rapid increase in the number of patients on its mental health register. (The previous year, 100% of patients had a comprehensive care plan).
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016.The survey programme distributed 343 questionnaires by post and 79 were returned. This represented 3% of the patient list (and a response rate of 23%). The results showed the practice's results tended to be statistically comparable to the local and national averages:

- 82% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 80% and the national average of 85%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 16 comment cards, 15 of which were wholly positive about the service. We also spoke with five patients on the day.

Patients commented that the practice staff were friendly and helpful and the practice provided a good standard of care in a clean, safe environment.

The practice had participated in a locality-wide patient survey with more recent data collection (June 2016) than the national GP patient survey. This had a small sample size (30 patients) but was suggestive of high levels of patient satisfaction with 100% positive feedback for the quality of GP and nurse consultations at the practice.

Areas for improvement

Action the service SHOULD take to improve

- The practice should be able to evidence that Disclosure and Barring Service checks have been carried out for any staff members acting as chaperones.
- The practice should ensure that key information for example, documented medicines reviews, are accessible in patients medical records including patients living in local care homes.
- The practice should increase the use of clinical audit to investigate its performance and drive improvement in relation to practice priorities.
- The practice should actively encourage eligible patients to attend for breast cancer screening.

Harness Harlesden Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser.

Background to Harness Harlesden Practice

The Harness Harlesden Practice provides NHS primary medical services to around 2500 patients in the Harlesden area of Brent in North West London. The service is provided through an alternative provider medical services (aPMS) contract.

The practice is small but benefits from being located within a purpose built modern health centre which also contains a number of practices, community health services and clinics.

The current practice clinical team comprises two regular salaried GPs (one wte in total), a practice nurse and a phlebotomist. Patients have the choice of seeing a male or female GP. The GPs typically provide 10 clinical sessions at the practice per week. The practice also employs a practice manager and assistant manager, receptionists and administrative staff. The practice team are also supported by the provider's central team who are based at a different location.

- The practice opening hours are from 8am to 6.30pm, Monday to Friday and from 8.30am-12noon on Saturday. The clinical surgeries run from 9am-12noon and from 3.30pm-6pm during the week.
- The GPs make home visits to see patients who are housebound or are too ill to visit the practice. Same day appointments are available for patients with complex or more urgent needs.
- The practice is also piloting a dedicated on-call GP service for a number of local care homes in the locality. This runs from 8am-6pm from Monday to Friday.
- The practice offers online appointment booking (although uptake remains low) and an electronic prescription service.

When the practice is closed, patients are advised to use the local out-of-hours primary care service if they need urgent primary medical care or they can attend a local 'hub' primary care service between 5pm and 9pm in the evening and during the weekend. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on its website and on a recorded telephone message.

The practice population falls within the 10% most deprived areas in England with lower than average levels of employment and male life expectancy and associated health needs. The age-sex profile is reasonably similar to the English average although the practice has a higher percentage of babies and young children and older people aged over 85 years. The population is ethnically diverse.

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

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations give examples to share what they knew. We carried out an announced visit on 20 October 2016. During our visit we:

- Spoke with a range of staff (including both regular GPs, the regional manager, the assistant practice manager, the practice nurse and receptionists).
- Observed how patients were greeted and spoke with five patients.
- Reviewed 16 comment cards where patients shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions.
- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits, patient complaints, meeting notes, and monitoring checks.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour although no recent incidents had met the criteria for notification. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There had been five reported incidents during the previous 12 months. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an explanation and a written apology and were told about any actions to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. The practice kept a log of significant events, including near misses and filed relevant safety alerts for reference. The practice reviewed any incidents and its analysis of these at practice meetings and the minutes retained.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident involving a death certification had led to the practice amending its visiting policy for patients on palliative care and shared learning with local care homes on the correct procedures.

Overview of safety systems and processes

The practice had defined and embedded systems and processes in place to minimise patients from risks to safety, which included:

- Arrangements to safeguard children and vulnerable adults from abuse. The practice had clinical leads for adult and child safeguarding and its arrangements reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the practice nurse were trained to child protection level three.
- The GPs provided safeguarding related reports promptly where necessary for other statutory agencies. Staff demonstrated they understood their responsibilities and all staff (including the administrative staff), had received training on safeguarding children and vulnerable adults relevant to their role.
- Notices in the waiting and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. On the day of the inspection, the practice was unable to demonstrate that all these staff had received a Disclosure and Barring Service (DBS) check. However it subsequently provided us with documentary evidence to show these checks had been carried out prior to the inspection. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the regular GPs was the lead for infection control in the practice and the practice nurse was responsible for monitoring infection control practice day to day. The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff had received up to date training on infection control.
- The practice had recently undergone an external audit of its infection control in October 2016 which was carried out by the local NHS infection control team. The practice had acted on the recommendations for example, purchasing eye protection and ensuring that it had a comprehensive records of staff members' immunisation status. The practice had not previously been carrying out its own infection control audits but was introducing this as a regular check following its external audit.

Good

Are services safe?

The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of medicines).

- There were processes for handling repeat prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions. Repeat prescriptions were signed by a GP before being issued and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. (PGDs are instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Recruitment checks and other human resources functions were carried out by the provider's central team and communicated to the practice when satisfactorily completed. We reviewed records for three members of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had appropriate health and safety policies and protocols in place with named leads. The practice was located on the first floor of a large health centre along with other general practices. The property was managed by a separate agency. We were able to inspect various risk assessments, insurance and maintenance certificates held by the property management agency. This included a fire risk assessment which was up to date. Fire alarms were tested weekly and there were two fire drills annually.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The property management agency held the legionella risk assessment and carried out regular testing as recommended (Legionella is a type of bacterium which can contaminate water systems in buildings). The property management agency ran a regular meeting with representatives of the tenant services in the building although the practice had not recently regularly attended. Practice staff were not always sure of which organisation was responsible for specific risks within the practice area, for example, conducting a regular health and safety risk assessment.
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix, for example the surgery was normally staffed by one GP and the nurse. The practice used regular locums employed by the provider to cover planned or unplanned leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.
- The practice conducted audits, medicines reviews with individual patients and checks of patient records to assess the treatment provided was evidence based.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 were 91.9% of the total number of points available compared to the national average of 95.3%. The practice exception reporting rates were in line with the local and national averages. For example the practice exception reporting rate for the clinical domain was 9.7% compared to national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015/16 showed:

- Practice performance for key diabetes related indicators was comparable to the local and national averages. For example, 79% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and national averages of 78%.
- Eighty-four per cent of practice diabetic patients had a recent blood pressure reading in the normal range compared to the CCG average of 80% and national average of 78%.
- In 2015/16, 75% (of 44) patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was statistically comparable to the CCG average of 86%.
- 95% (of 59) patients with a diagnosis of psychosis had an agreed, comprehensive care plan compared to the CCG average of 91%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were primarily driven by contractual requirements and local prescribing priorities. The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team.
- The practice provided evidence of two audits which had been repeated annually. These focused on the quality of cervical screening sample taking and the prescribing of high cost medicines. As a result of the prescribing audit the practice had implemented changes to ensure medication reviews were carried out promptly.

The practice used comparative information about patient outcomes to monitor improvement. For example, the practice had improved its approach to managing diabetes by offering longer appointments and introducing practice-based clinics with the local specialist diabetic nurse. In 2015/16, the percentage of diabetic patients whose blood sugar levels were adequately controlled was 79% which was in line with the national average of 78% and an increase of 10 percentage points over the previous year.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff received mandatory training and updates that included: safeguarding, fire safety awareness, basic life support and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff with specific roles, for example chaperoning were given appropriate training and guidance.

Good

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, team meetings, appraisals, informal discussion and support for revalidation (for the GPs and nurse). All staff had received an appraisal within the last 12 months.
- The practice held monthly practice team meetings. These included discussion of guidelines, reflection on significant events and complaints and unusual or challenging cases.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and information stored on the shared computer drive.

- This included care and risk assessments, care plans, medical records and investigation and test results. The GPs also had secure electronic access to practice patient records at one of the larger care homes for which it provided a dedicated GP service.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Practice clinicians attended multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also routinely liaised with health visitors, district nurses and the local palliative care team to coordinate care and share information. For example, the practice had 37 patients on the palliative care register at the time of the inspection. The GP met with the palliative care team once a fortnight to review these patients' care.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.
- The practice worked closely with staff at the care homes they provided an on-call service to. However, we found that sometimes key information, for example about advance decisions or medicines reviews, was not always clearly recorded in the practice electronic patient notes. We were told that this information was recorded in the home's paper records. This increased the risk that key information might be missed, for example, by a locum GP unfamiliar with the individual patient.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients in need of extra support to live a healthier lifestyle, for example those at risk of developing a long-term condition. The practice offered a range of preventive services:

- In 2015/16, 80% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 77% and the national average of 81%. The practice ensured a female sample taker was available. (The practice exception reporting rate for this indicator was lower than the CCG average).

Good

Are services effective?

(for example, treatment is effective)

- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In 2015/16, the practice coverage for breast cancer screening was 50% which was below the CCG average of 62%. Bowel cancer screening uptake was 41% which was comparable to the CCG average of 45%.
- Childhood immunisation rates were close to or above target (90%) for standard childhood vaccinations. For example in 2015/16, 91% of five year olds had received both MMR booster injections. The practice followed up children who did not attend their initial appointments.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

The reception area was shared with two other practices and sometimes became very busy. We observed that members of the Harness Harlesden reception staff were welcoming and helpful in these circumstances. They were polite to patients and treated them with respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were able to take patients to a more private area if they needed to discuss sensitive issues or appeared distressed.
- The practice used interpreting services when appropriate.

Patients who participated in the inspection commented that the practice staff were friendly and helpful and the practice provided a good standard of care. One patient particularly complimented the staff on the way they engaged with older patients. Patients were also positive about the environment and described the practice as very well organised.

Results from the national GP patient survey showed that the practice tended to scored below average for patient experience of consultations with GPs although this was not statistically significant. The results tended to be above average for nurse consultations and interactions with receptionists:

- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- 74% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.

The practice had participated in a locality-wide patient survey with more recent data collection (June 2016) than the national GP patient survey. This had a small sample size (30 patients) but was suggestive of high levels of patient satisfaction with 100% positive feedback for the quality of GP and nurse consultations at the practice.

Care planning and involvement in decisions about care and treatment

Patients who participated in the inspection told us they felt involved in decision making about the care and treatment they received. They also said they had received good advice and information that was helpful in making decisions.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, although the practice scored below average on these aspects of care for GP consultations. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

One critical comment we received from a patient on the day referred to difficulty they had experienced in getting to discuss their care with the same doctor at each appointment. This was also reflected in the national patient survey question on seeing a preferred GP:

- 28% of patients said they were able to get an appointment with their preferred GP compared to the CCG average of 52% and the national average of 59%.

Good

Are services caring?

The practice were confident that continuity was improving. We were told that one of the GPs had left the practice in 2015 and the practice had experienced some delay before successfully recruiting a regular GP as a replacement in April 2016. Several patients who participated in the inspection commented positively about the new GP.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about long term conditions and associated national support groups was also available on the practice website.

The practice computer system alerted staff if a patient was also a carer. The practice had identified 22 patients who were carers (1% of the practice list). The practice offered carers the flu vaccination, priority for appointments and written information about the various avenues of support available to them.

Staff told us that if patients had suffered bereavement, the GP would write or telephone. The practice signposted patients to bereavement support services. One patient we spoke with had experienced a bereavement and told us they thought the staff and doctors had gone out of their way to help.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided a range of extended or enhanced services at the practice to meet the needs of patients and some services that exceeded its contract, for example antenatal and postnatal services.

- The practice was accessible to patients who had difficulty attending during normal opening hours. The practice had a comparatively small practice population but maintained core opening hours between 8am and 6.30pm and offered appointments on Saturday morning with a locum GP. Nurse appointments were available from 8am. Telephone consultations were available daily.
- The practice sent text message reminders of appointments and test results.
- There were longer appointments available for patients with communication difficulties or who had complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems.
- Patients were able to receive travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations.
- There were accessible facilities (lift access), a hearing loop and translation services available including sign language interpreters.
- The practice provided an on-call service to several care homes in the area and conducted twice-weekly visits to the homes. We were told that A&E attendances had fallen by a third although the data had not yet been verified. (The on-call service was a pilot commissioning project).

Access to the service

The practice opening hours were from 8am to 6.30pm, Monday to Friday and from 8.30am-12noon on Saturday. The clinical surgeries ran from 9am-12noon and from 3.30pm-6pm during the week.

- 61% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 42% and the national average of 58%.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

This was done by asking patients or carers to request home visits early in the day wherever possible to allow the duty doctor (GP) to make an informed decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. The provider's central team also reviewed complaints and responded to patients when appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, including how to take the complaint further if they were unhappy with the practice's response.

We looked in detail at the one written complaint that had been received in the last 12 months and found this had been appropriately handled and dealt with in a timely way. The practice offered patients a written apology and a meeting with patients to discuss their concerns. Lessons were learnt from individual concerns and complaints and action was taken to review and improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose and staff knew and understood the aims, objectives and values underpinning the service.
- The practice had a strategy and supporting business plans which reflected the vision and were regularly monitored.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care at practice level. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained and was used to improve, for example the provision of care for diabetes.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice had a number of staff who worked part time so meetings were documented and shared with all staff.
- There were appropriate arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. For example, the practice had effective infection control procedures in place and planned to maintain these through regular internal audits. The practice also monitored patients on high risk medicines in line with guidance.
- We saw documented evidence, for example in the minutes of meetings and action plans which recorded shared learning and improvements to processes and practice, for example following significant events.

There were some areas where governance could be strengthened. For example:

- We noted that the electronic patient records were not always comprehensive for patients living in care homes and missed for example, documentation about medicines reviews or advance decisions.
- The practice carried out clinical audit as required. However, the practice could do more to embed the use of clinical audit as a mechanism for improvement aligned to practice priorities.

Leadership and culture

On the day of inspection the practice managers and clinicians demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff consistently told us that the practice had developed a cohesive and supportive team culture.

- The practice worked in collaboration with other practices and health and social services. For example, the practice worked with district nurses and social workers to monitor vulnerable patients. The practice benefited from easy access to a range of health professionals located in the same building.
- Staff told us they had the opportunity to raise any issues at team meetings or more directly with managers and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to develop and improve the practice.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We reviewed the five significant events that had occurred in the previous 12 months and found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, a clear explanation and a written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

Are services well-led?

Good

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients and staff:

- The practice ran a patient participation group (PPG). The PPG was small but met regularly and submitted proposals for improvements to the practice management team. For example, the PPG was currently discussing ways to reduce patients missing appointments without notifying the practice.
- The practice participated in locality based patient surveys, the standardised NHS Friends and family questionnaire and encouraged its patient group members to attend the locality-based patient feedback group. The practice reviewed feedback and took action to improve, for example recruiting a regular female GP in 2016.
- The practice obtained staff feedback through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt very well supported with opportunities to develop professionally within the provider's organisation.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The provider had taken over the practice in 2011 and was proud of the improvements achieved since then, for example, as demonstrated by the practice's Quality and outcomes framework results over time.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was providing the locality's dedicated on-call GP service to a number of care homes in the area. Early results were encouraging and the practice intended to expand the service to more homes in 2017.