

Inspection Evidence Table

Lady Margaret Road Medical Centre (1-501656827)

Inspection Date: 18/09/2023

Date of data download: 15/09/2023

Overall rating: Requires improvement

The practice is rated as requires improvement overall. At our previous inspection we found a lack of good governance in some areas. The practice had not carried out all necessary environmental risk assessments and checks (including fire safety); there were gaps in recruitment checks and disclosure and barring service checks and our clinical records searches showed that the practice was not always monitoring its prescribing of 'higher risk' medicines. There were coding issues in relation to the usage of medicines and diagnosis of diabetes. We found that national patient safety alerts had not been consistently actioned and the practice did not have a systematic process for monitoring prescription stationery.

At this inspection, we found that the practice had made improvements and was now providing a safe and well-led service. The practice was generally providing effective care however there was variability in the quality of documentation of medicines and asthma reviews and it was sometimes unclear whether patients with poorly controlled diabetes had been offered timely specialist input. Patient feedback remained below average in relation to patient experience and accessibility of the service.

Context

Lady Margaret Road Medical Centre is located within the North West London Integrated Commissioning Board (ICB) area and delivers General Medical Services to a patient population of about 3,300 from a single surgery. The practice is part of the local Primary Care Network (PCN) and Ealing GP Federation.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 65% Asian, 13% White, 9% Black, 2% Mixed, and 10% Other. The proportion of the practice population of working age is higher than the national average and the proportion of older patients is lower than the national average.

The practice is open between 8am to 6.30pm Monday to Friday. It offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended access (evening and weekend appointments) are provided at other practices locally and can be booked through the Lady Margaret Road Medical Centre reception team.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice contacted health and social care professionals as and when required, for example, if a patient known to be at risk experienced a change of circumstances.• The practice described a recent example when it had alerted the relevant authorities to new allegations of potential abuse which resulted in action being taken to safeguard the person at risk.• Since our previous inspection, the practice had reviewed its policy on DBS checks. All staff, including the manager and cleaners had completed DBS checks. Practice policy was that staff with clinical roles or with patient-facing roles (including chaperoning) and the practice manager, required an enhanced DBS check to be completed before starting work at the practice.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: <p>The practice had improved its record keeping in relation to recruitment since our previous inspection. We reviewed the recruitment process for several new staff and locums. We did not identify any gaps in these records, for example, the practice had checked evidence of previous employment history; evidence of conduct</p>	

in previous roles and signed contracts (for employed staff) were kept on file. The practice now also checked and documented that staff vaccination was maintained in line with guidance. Staff records were kept securely.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: 12 December 2022	Y
There was a fire procedure.	Y
Date of fire risk assessment: 12 July 2023	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence: Since our previous inspection the practice had contracted with a specialist consultant to carry out a fire risk assessment. The practice had completed or was in the process of completing the recommended actions. For example, it had improved emergency exit signage; installed a mains-powered heat detector to the first floor kitchen; purchased a fire-blanket for the first-floor kitchen; installed signs alerting people to keep fire doors closed and the manager now carried out a weekly fire safety inspection, for example to ensure the practice was free of clutter. The practice was in the process of completing or considering the remaining recommendations (lower risk), for example, the installation of a ramp or step from the rear fire exit. Staff were trained on fire safety and the practice had designated marshals. The practice carried out fire evacuation drills approximately every six months.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: 10 July 2023	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence: The practice had acted on issues identified at the previous infection prevention and control audit, for example, taking more proactive action to prompt staff to complete required training on infection prevention and control before this became overdue.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
Explanation of any answers and additional evidence: The practice had a structured induction process which was signed on completion by the new starter and the manager. Induction included a period of shadowing for non-clinical staff.	

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.	Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: Most of the clinical records we reviewed were clear and comprehensive. However, medication reviews were sometimes sparse, for example, containing single word summaries (such as 'compliant') rather than including all key relevant information as recommended in NHS guidelines on structured medication reviews and medicines optimisation.	

Appropriate and safe use of medicines

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

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.65	0.68	0.91	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	4.3%	7.6%	7.8%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	5.77	5.41	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	139.2‰	57.8‰	129.5‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.36	0.42	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	4.6‰	4.8‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

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

The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> The clinicians were carrying out medication reviews. However, while some medication reviews were clear and comprehensive, we found that reviews did not include relevant details about the scope of the review that had been carried out or the outcome of the review. This was the case for 4 of 5 medicines reviews we examined as part of our search on medicines reviews. We carried out a series of standardised searches of the practice's patient records system. Our standardised searches showed that the practice was managing its prescribing of most medicines that require ongoing monitoring appropriately. However, the search identified 10 patients prescribed gabapentinoids (a type of medicine typically used to treat epilepsy or nerve pain) whose monitoring might be overdue. We reviewed 5 of these cases in detail and found that medicines reviews were overdue in 4 of these cases with the fifth case being managed appropriately. 	

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	6
Number of events that required action:	6
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
The practice missed a diagnosis of diabetes in an initial consultation (child). The diagnosis was made very shortly afterwards.	The case was discussed with the clinical team. The practice subsequently stocked urine test strips in all clinical rooms to enable the clinicians to easily test for indicators of diabetes during the consultation if appropriate.
Near miss: A medicine issued to a patient by the hospital was prescribed on repeat by the practice in error. The mistake was identified by the family who alerted the practice.	The practice apologised to the patient for the error and reviewed its prescribing policy and procedures with the staff team to reduce the risk of recurrence.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
The practice reviewed all new safety alerts for relevance to general practice and registered patients and these were kept on file for reference. Information about safety alerts was shared with all clinicians. Our standardised searches of the patient records system included selected national safety alerts. We found that patients were being managed in line with the guidelines and we did not identify any concerns.	

Effective

Rating: Requires improvement

The practice is rated as requires improvement for providing an effective service because there was variability in the quality of documentation of medicines and asthma reviews and it was sometimes unclear whether patients with poorly controlled diabetes had been offered timely specialist input.

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were generally assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance but there were areas for improvement.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Partial
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had acted on most of the issues highlighted at the previous inspection. For example, at this inspection we did not identify concerns with the way the clinicians were managing their prescribing of:</p> <ul style="list-style-type: none"> • angiotensin-converting enzyme (ACE) inhibitors/angiotensin receptor blockers (medicines typically used to manage high blood pressure and which require ongoing monitoring. • short-acting beta-agonist (SABA) inhalers which are typically used to provide rapid relief of asthma symptoms. • and certain medicines used to treat thyroid hormone deficiency. 	

However, we noted that the quality of documentation of medication reviews and asthma reviews varied. Reviews did not always include key information. We also found that practice was not always clearly documenting its management of patients with diabetic retinopathy.

Effective care for the practice population

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.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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 an appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 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 assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- We carried out a series of standardised searches of the practice's patient records system. Several of these searches focused on the management of specific long-term conditions. While we found that the practice was actively managing most conditions we reviewed, we identified the following areas for improvement:
 - Our searches showed that 65 patients diagnosed with diabetic retinopathy had an HbA1c reading (that is, average blood glucose level) over 74mmol/l suggesting that their diabetes might be poorly controlled. We reviewed 5 of these cases in more detail and found that the practice was not always evidencing more specialist input at an early stage in line with national guidelines. The lead GP had received additional training on diabetes and told us they personally managed patients with poorly-controlled diabetes but active management was not always evident in the sample of records we reviewed. Three of 5 medicines reviews we examined in relation to patients with diabetic retinopathy did not explicitly state whether their diabetes medication had been reviewed.

- Our searches showed that 4 patients (out of 287 diagnosed with asthma) had been prescribed high dose steroid treatment for severe asthma episodes in the last 12 months, suggesting their asthma might be poorly controlled. While this affected a low number (1% of patients with asthma), our review found gaps in the recorded details in the most recent asthma reviews or medication reviews in 3 of these 4 cases.
- 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 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.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	17	18	94.4%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	25	26	96.2%	Met 95% WHO based target
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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	25	26	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	25	26	96.2%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	24	24	100.0%	Met 95% WHO based target

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>

Any additional evidence or comments

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had improved uptake since our previous inspection and was now meeting the World Health

Organisation (WHO) targets for 4 out of 5 immunisation indicators measured in 2021/22 and was achieving over 90% coverage for all indicators. The practice maintained a register of children due immunisation and a dedicated practice nurse contacted the parents or guardians of children to encourage them to attend. The practice required newly registering families to provide evidence of children’s previous immunisation history as part of the registration process, for example, if patients were new to the UK.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	63.8%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	50.5%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	60.2%	N/A	80.0%	Below 70% uptake
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	60.0%	55.1%	54.9%	No statistical variation

Any additional evidence or comments

- The practice had improved its performance in relation to cervical cancer screening since our previous inspection from 57% to 60%. The practice had taken steps to encourage uptake, for example, the practice nurse had a dedicated session to call and invite patients. Non-attendance was flagged on the patient’s record so that the clinicians could opportunistically encourage patients to participate in screening. The practice monitored and audited its cervical screening performance. At the time of this inspection (September 2023), the practice had successfully screened 61% of eligible patients which was comparable to the other practices in the primary care network (63% overall).
- The practice was aware of the low uptake in bowel cancer screening. Lack of awareness of the screening programme and the screening process (which is sent to patients through the post with written instructions in English) had been identified as a wider issue particularly among patients for whom English was not their first language and among more deprived communities. The practice had taken part in a programme with an acute trust to promote bowel screening but this had not resulted in improved uptake at practice level.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> In 2023, the practice had carried out the first cycle of an audit of patients diagnosed with asthma who had been prescribed multiple SABA (short-acting beta-agonist) inhalers: potentially indicating that their asthma was poorly controlled. The audit showed that half of these patients had not had a recent asthma review and a proportion had not responded to invitations to attend a review. The practice changed its prescribing policy so that the sixth repeat prescription for an inhaler triggered a requirement to have a review at the practice which would cover inhaler technique, education covering the risks associated with poor asthma control and a self-management plan. The practice also actively decreased maintenance therapy when the patient's asthma had been well-controlled for 3 months. The standardised searches we carried out during the inspection showed that the number of patients prescribed 12 or more SABA inhalers over the previous 12 months had declined and we did not identify any concerns. This was an improvement since our previous inspection. In 2023, the practice had carried out the first cycle of an audit of its safeguarding registers. The audit showed that of 21 patients listed on the register, 7 were no longer at risk and 2 had left the practice. A positive finding was that all the patients on the register had safeguarding alerts added to their patient record. As a result of the audit, the practice was now carrying out more regular updating of the register as part of its safeguarding process to ensure that patients were transferred off the list or between registers in a timely way. In 2022, the practice had completed a second cycle of an audit into its prescribing of spironolactone. Spironolactone is a medicine often used to treat fluid build-up or high blood pressure and requires ongoing monitoring. The second cycle showed that the proportion of patients with up-to-date monitoring had increased and more records included the most recent pathology test results from 52% to 75% (21 of 28). 	

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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y

Staff had access to regular appraisals, one to ones, mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: The lead GP provided regular supervision for the advanced nurse practitioner. They told us they were satisfied that the primary care network had adequate systems in place to provide supervision and oversight for the clinical pharmacists and other professionals employed in associate roles.	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: The practice communicated with community health teams, social services and specialists as required.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Partial
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: The practice was able to provide examples of how it systematically supported patients to manage their own health and we saw evidence of improvement since our previous inspection (for example in the management of asthma). However, our clinical searches suggested the practice could do more to better document the support it provided patients with poorly controlled diabetes, for example, additional educational input.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
Explanation of any answers and additional evidence The practice discussed do not attempt cardiopulmonary resuscitation (DNACPR) with patients and their families where appropriate and recorded decisions. The practice coded DNACPR decisions on the patient's medical records. At the time of the inspection, the practice did not have any patients on the DNACPR register.	

Caring

Rating: Requires improvement

The practice is rated as required improvement for providing caring services as it consistently scored below average on patient feedback about experience. The practice was taking action to explore the reasons for this but this remained an area for improvement.

Kindness, respect and compassion

Feedback from patients was mixed about the way staff treated people.

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

Patient feedback	
Source	Feedback
Patient interviews	<ul style="list-style-type: none"> Patients described the reception team, clinical staff and doctors as usually polite, compassionate and helpful. However, patients said that it was sometimes difficult to get prompt referrals, in one case because the local referral pathway required an initial physiotherapy assessment which was outside the control of the practice. In another case, the patient felt that the GP did not take their symptoms seriously and this delayed resolution of their condition. Patients told us that their experience had been affected by the shift to telephone triage since the COVID-19 pandemic. Patients said that having a wide time frame for a GP call back was difficult. One patient told us that if they missed the call back from the practice, they would feel upset all day. Another said that the system was difficult to navigate at first from the patient point of view and that the staff did not always appreciate the stresses involved, for example, if travelling to an unfamiliar practice for an extended hours consultation. Practice policy was that patients should purchase widely available 'over the counter' medicines for themselves rather than receive these on prescription and we received some negative feedback about this.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	51.4%	82.4%	85.0%	Significant variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare	48.5%	80.6%	83.8%	Significant variation (negative)

professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)				
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 (01/01/2023 to 30/04/2023)	80.1%	91.1%	93.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	34.3%	70.2%	71.3%	Variation (negative)

Any additional evidence or comments

The practice was aware that it had underperformed on the National GP Patient Survey and, in response, had carried out its own patient feedback survey to understand whether the national survey results were reliable given the marked variation in scores at indicator level. The practice had carried out a survey of patients who had recently attended the practice with questions mirroring the National GP Patient Survey and had received 93 responses. The results showed improvement over the practice's National GP Patient Survey results although the results remained consistently lower than the local and national averages:

- The percentage of patients reporting that the healthcare professional was good or very good at listening to them was 61%
- The percentage of patients reporting that the healthcare professional was good or very good at treating them with care and concern was 76%
- The percentage of respondents who responded positively to the overall experience of their GP practice was 60%

The practice was developing an action plan which included exploring the possible factors underpinning lower patient satisfaction through discussion with staff and patients. The practice had received feedback that patients preferred face-to-face consultations and, as a result, it had recently increased the number of appointments, including face to face appointments and reinstated online booking.

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

Any additional evidence

The practice had carried out more focused surveys with patients for example, about their experience of the phlebotomy service and their experience of repeat prescriptions.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Patients had access to a social prescriber who could advise on local services and resources. Easy read and pictorial materials were available. 	

Source	Feedback
Interviews with patients.	Generally, we received positive feedback about patient involvement in decisions. There was one issue where some patients told us they wanted clearer information. This was when changes were made to their medicines as unexplained changes caused anxiety and a loss of confidence.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	74.7%	87.8%	90.3%	Tending towards variation (negative)

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

Carers	Narrative
Percentage and number of carers identified.	80 (2.4%)
How the practice supported carers (including young carers).	The practice added an alert to the patient's record if they were also a carer. The practice informed the social prescriber of patients who were also carers. Carers were offered health checks, flu and COVID-19 immunisations and

	referrals for social services support. The practice sent text messages to carers (where they had consented to receive these) informing them when they were eligible for services.
How the practice supported recently bereaved patients.	Staff told us that if a patient had experienced a close bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Requires improvement

The practice is rated as required improvement for providing responsive services as patient survey feedback about access was below average. The practice provided evidence showing it was providing enough appointments to meet patient need but this was not yet reflected in patient feedback.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times

Day	Time
Opening times:	
Monday-Friday	8am-6.30pm
Appointments available:	
Monday-Friday	9am-5.30pm
Evening and weekend appointments were available at local extended hours clinics in the area.	

Further information about how the practice is responding to the needs of their population

- 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 liaised with the community services to discuss and manage the needs of patients with complex medical issues.
- Appointments were available outside of school hours and normal working hours each week.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- The practice was accessible to patients with mobility issues.

Access to the service

People were able to access care and treatment but patient satisfaction with access was below average.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	35.0%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	34.4%	57.4%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	37.3%	57.1%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	47.6%	69.7%	72.0%	Variation (negative)

Any additional evidence or comments

- The practice scored below average for questions asking patients about their experience of accessing the service on the national GP patient survey 2023. Only around one third of patients reported positively on their overall experience of making an appointment. We noted that the practice had consistently performed below average over time, for example, around 15-20 percentage points below the national average for patients reporting positively about their overall experience of making an appointment since 2021.
- The practice was aware that its performance on the national patient survey was below average. It was planning to carry out its own focused feedback survey about access. The practice was confident patients were able to access appointments in a timely way and wanted to identify how to improve patient awareness and experience of the system.
- The practice was participating in a North West London ICB initiative on access and had access to a data dashboard displaying the number of appointments offered relative to the size of the patient list for all practices in the local primary care network. The ICB had set a target of 105. Lady Margaret Road Medical Centre had consistently provided more appointments than the target in 2023 (165 in June 2023 and 155 in July 2023) and was offering more appointments relative to its population size than any other practice in the primary care network.
- The practice offered a mix of face-to-face and telephone appointments. At the time of the inspection, the split was around 50% although this varied day to day depending on patient need. Following feedback from patients, the practice was considering increasing the proportion of face-to-face appointments and had reopened online booking for nurse appointments. The practice had booked a member of staff on 'care navigation' training with the aim of improving patient experience and ensuring patients were efficiently booked with the right professional.
- The practice ran an 'on the day' appointment booking system. Appointments were released at 8am and 2pm daily. The practice held back several appointment slots in each session for patients with urgent needs. The practice's non-emergency appointments were often booked within an hour of being released which was likely to be a factor affecting patient experience. If patients were not immediately able to book an appointment at the practice, they could be offered one at an extended hours hub in the area in the evening or at the weekend if this was suitable for their condition.
- The practice had increased doctor availability and told us that appointments were now remaining available throughout the sessions later in the week. We reviewed the system and saw that this was the case on the day we visited.
- The practice offered an e-consultation system which patients could use to submit information online and receive a response by the next working day. The response could include a telephone or face-to-face appointment as clinically appropriate. This had not proved popular with patients.

Source	Feedback
Patient interviews	Patients told us it was reasonably easy to obtain an appointment once they understood the system and if were able to telephone promptly at 8am. One patient told us the practice was responsive to communications by email.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained that the practice had not offered them a timely referral and this had delayed a diagnosis	The practice apologised to the patient, reviewed the timeline and explained the GP's treatment decisions in relation to the referral.
A patient was told, incorrectly that the practice did not provide an interpreter service.	The practice apologised to the patient, reviewed the incident with staff and ensured staff knew how to book an interpreter. The error had arisen due to a change in the company providing interpreting services.

Well-led

Rating: Good

Leadership capacity and capability

There was effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	N
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff we spoke with were complimentary about the leadership at the practice. They described the leaders as approachable.• Clinical staff, including locums told us the lead GP provided clinical oversight.• The principal GP and practice manager worked at the practice part-time and were accessible remotely when not on the premises.• The principal GP had no plans to leave the practice or retire and was not yet considering succession planning.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had developed a comprehensive action plan since the previous inspection and had monitored its implementation.	

Culture

The practice had a positive working culture.

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

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

Source	Feedback
Staff interviews	<p>We spoke with a mix of staff during the inspection:</p> <ul style="list-style-type: none"> All the staff interviewed reported a positive experience of working at the practice. However, some clinicians told us that the standard 10-minute consultation length was a constraint, given the high needs and expectations of the practice population (for example, patients who needed an interpreter, or who wanted to discuss multiple health issues). We were informed that the practice culture was one of being open and supportive of one another. Clinical staff said they had access to the senior GP when they needed clinical advice and were able to review complex, rare or difficult cases with colleagues.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y

Explanation of any answers and additional evidence:

- The practice had improved its governance systems since our previous inspection, for example:
- It had introduced a monitoring system to track blank prescription forms in line with national guidance,
- The practice had recruited a GP assistant to support the clinicians, for example with correspondence,
- The practice actively monitored its performance, for example in relation to cancer screening uptake; childhood immunisation uptake; patient access and performance (Quality and Outcomes Framework).

Managing risks, issues and performance

The practice had clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There were processes to ensure risks to patients were assessed and well managed. The practice had acted on the issues identified at the previous inspection, for example:</p> <ul style="list-style-type: none"> • a full fire safety risk assessment had been completed; • the practice could evidence that other environmental safety checks had been completed; • the practice was carrying out all appropriate recruitment checks prior to staff starting at the practice and had carried out enhanced Disclosure and Barring Service checks for existing staff where required; • national patient safety alerts were being systematically reviewed and implemented; • the practice had improved its management of medicines that required ongoing monitoring. 	

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 monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Partial
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence: Staff members we interviewed were generally positive about their involvement. However, some clinicians told us that the 10-minute timescale for consultations and the lack of any allocated 'catch-up' time in sessions was difficult to manage given the complexity of the workload and high patient needs. We were told this had been discussed but not resolved.</p>	

Feedback from Patient Participation Group.

Feedback
Members of the patient participation group told us that the practice held meetings and circulated the minutes by email. One of the recent issues discussed had been the feasibility of communicating with patients about which clinicians were available during the week.

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.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

- The practice was carrying out focused feedback with surveys to improve patient experience and accessibility.
- The practice was carrying out clinical audits and could demonstrate improvement, for example since our previous inspection regarding its management of asthma.
- The practice had developed a comprehensive action plan following our previous inspection and could demonstrate progress in completing identified areas for improvement, for example in relation to fire safety.

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)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 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 persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those 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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.