

Cornwall House Surgery

Quality Report

Cornwall House Surgery
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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?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Cornwall House Surgery on 15th June 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Although some audits had been carried out, we saw no evidence that a programme of quality improvement was in place. For example clinical audits were not driving improvements to patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should:

- Implement systems for assessing and monitoring risks and the quality of the service provided. For example a programme of quality improvement to improve patient outcomes.
- Undertake a review of its annual infection control audits to ensure action taken to address any improvements are recorded.

Summary of findings

- Review arrangements for monitoring the consent process.
- Review accessibility arrangements to the entrance of the premises to ensure those patients less able or those using prams or pushchairs can more easily access the entrance.
- Consider further ways of meeting the needs of patients with long term conditions given the comparatively high exception reporting rates in some clinical domains.
- Review the new telephone system to ensure that patients are better able to access the surgery for their specific need.
- Improve patient awareness of availability of appointments via the North Barnet locality Network (8am-8pm initiative) as a result of patient survey results.
- Develop a patient participation process which gives patients an opportunity to get involved in service delivery planning.

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?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, exception reporting was high in comparison to the CCG and national averages.
- There was no evidence that quality improvement was driving improved patient outcomes. For example through clinical audit.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience 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.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice forms part of the North Barnet locality Network which works under the umbrella of the Pan Barnet Federation for the provision for an 8am to 8pm appointments; its aim is to provide GP appointments accessible for any patient living in Barnet at evenings and weekends.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice did not have an effective mechanism for seeking proactive feedback from patients. The patient participation group was not active. However, it actively responded to the friends and family test, annual patient survey, complaints and individual patient feedback.
- 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 people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided home visits to patients unable to visit the surgery and for those patients that were housebound, an extended home visit lasting up to one hour was provided.
- The practice actively referred older patients who met the threshold to the intermediate care team and rapid access service in the locality.
- To avoid unplanned admissions high risk older people have care plans in place and discharges from hospital are reviewed.
- The practice keeps a register of those palliative care patients and provides reviews for those patients nearing the end of their life to ensure their wishes are respected.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- For patients on the Diabetes register; 84% at their last IFCC-HbA1c had a result 64 mmol/mol (blood glucose level) or less in the preceding 12 month compared to the CCG average of 76% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Reviews of asthma patients via the National Service for Health Improvement (NSHI). To proactively improve the inhaler techniques of patients.

Summary of findings

Families, children and young people

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

Good



- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 71% and the national average of 83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice provided care to the residents of a local specialist service for Asian women with learning difficulties and mental health conditions. Patients have very complex needs and the practice works with other healthcare professionals and specialists to ensure timely care and treatment is provided to meet the individual needs of the patient and to avoid unplanned admission to hospital.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.

People experiencing poor mental health (including people with dementia)

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

- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing below national averages. Two hundred and sixty eight survey forms were distributed and one hundred and eighteen were returned. This represented 1.9% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received thirty five comment cards which were all positive about the standard of care received. Patients stated that they were more than satisfied with the care and treatment they received. Patients said that staff were friendly, highly committed and very supportive. Patients felt respected and had confidence in clinicians.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable and caring. Eighty-one per cent of the patients taking part in the friend and family test and the patient participation group from April 2015-16 stated they were very likely or likely to recommend the practice to friends and family.

In response to lower scores in the National Patient Survey the practice had developed an action plan which had identified improvements such as better access via the telephone through a, availability of a new telephone system, increased GP capacity and refurbishment of the premises.

Cornwall House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to Cornwall House Surgery

Cornwall House Surgery is located in Finchley in the London Borough of Barnet. It is one of the 62 member GP practices in NHS Barnet CCG. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services). The practice provides enhanced services for example, adult and child immunisations, extended hours and facilitating timely diagnosis and support for people

with Dementia.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury; Diagnostic and screening procedures, family planning; Maternity and midwifery services.

The practice has approximately 6,350 registered patients at the time of our inspection.

The staff team at the practice includes two full time partner GP's (one male and one female). The practice clinical team also includes two part time salaried GP's (female) working 9 clinical sessions a week, and one part time practice nurse (female), and one health care assistant (female). The

practice has thirteen staff in its administrative team; including a practice manager and finance manager. All staff work a mix of full time and part time hours. The practice is an approved training practice for GP's.

The practice's opening hours are:

Monday 8.30am – 6.30pm (Extended hours offered between 7am-8am – GP and Nurse led)

Tuesday 8.30am – 6.30pm

Wednesday 8.30am – 1.00pm (Extended hours offered with a nurse practitioner between 7am-8am – Nurse led)

Thursday 8.30am – 6.30pm

Friday 8.30am – 6.30pm

Saturday Closed

Sunday Closed

Urgent appointments are available each day and GPs also complete telephone consultations for patients. In addition the practice is a participant of the Pan Barnet federated GP's network a federation of local Barnet GP practice's which was set up locally to provide appointments for patients at eight local hub practice's between 8am and 8pm; providing additional access out of hours. There is also an out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

The practice has a similar average percentage of people with a long standing health conditions than the national

Detailed findings

average (54% compared to 54%). At 82 years, male life expectancy is above than the England average of 81 years. At 85 years, female life expectancy is above the England average of 83 years.

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.

The practice has not previously been inspected.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 June 2016. During our visit we:

- Spoke with a range of staff (GP's, Practice Manager, Senior Receptionist, Practice Nurse, Receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 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.

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. (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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a break in at the practice; security was reviewed and staff discussions took place regarding personal safety. Risks were assessed in relation to patient confidentiality.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and practice staff had received up to date training. Annual infection control audits were undertaken; however we did not see evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed seven personnel files 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.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 and there were emergency medicines available in the treatment room.
- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 were 99.3% of the total number of points available.

The exception reporting rate overall was 18%, compared with CCG average of 7% and the England average of 9%. It was much higher than average in certain clinical domains:

- Coronary heart disease (practice 19%, CCG 8%, England 8%).
- Heart failure (practice, 23%, CCG, 8% and England 9%).
- Hypertension (practice, 17%, CCG, 3% and England 4%).
- Peripheral arterial disease (practice, 29%, CCG, 6% and England 6%).
- Chronic obstructive pulmonary disease (practice, 22%, CCG, 9% and England 12%).
- Chronic kidney disease (practice, 38%, CCG, 6% and England 8%).
- Diabetes mellitus (practice 22%, CCG 8%, England 11%).
- Dementia (practice 12%, CCG 7%, England 8%).
- Mental Health (practice 25%, CCG 7%, national 11%).

The provider told us they followed the standard criteria for exception reporting and that a particular difficulty for the practice was the high mobility of its population. (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). The practice lead told us they stringently apply the appropriate guidance and consistently review each exception decision to ensure they are acting appropriately in their decision making. We saw evidence that reasons for exceptions were noted in clinical records.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for hypertension related indicators were similar or above CCG and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 82% compared with a national average of 84%. Exception reporting was 16% (103 patients out of 612) for this clinical domain compared to 4% nationally.
- Performance for mental health related indicators were above the national average. For example: 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%. Exception reporting was 31% (15 patients out of 49 patients) for this clinical domain compared to 13% nationally.
- Performance for dementia related indicators were above the national average. 89% of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a national average of 84%. Exception reporting was 10% (4 out of 40 patients) for this clinical domain compared to 8% nationally.
- Performance for diabetes related indicators was comparable to or below the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 79% compared to the national average of 78%. For the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within

Are services effective?

(for example, treatment is effective)

the preceding 12 months) is 5 mmol/l or less was 83% compared to 81% nationally. Exception reporting was 18% (46 of 258 patients) for this clinical domain compared to 11% nationally.

There was limited evidence of quality improvement including clinical audit at the practice. The focus had been on reviewing the cost efficiency of prescribing led by the CCG. For example, conducting prescribing audits for antibiotics such as Cephalosporin (used for the treatment of bacterial infections) and the use of oral nutrition supplements in patients which had been completed over an initial cycle. The practice did not have a quality improvement programme in place and therefore, it was not clear how clinical improvements were being identified, implemented and monitored over time. GP leads told us they recognised this had not been developed and would be establishing a programme of two cycle audits that would focus on patient clinical outcomes with the help of their GP trainees.

• **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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

For example, the practice provided primary care services to the residents of a local specialist service for Asian women with learning difficulties and mental health conditions. Patients at this service also have very complex health needs (multiple comorbidities which is the presence of one or more additional disorders (or diseases) co-occurring with a primary disease or disorder; or the effect of such additional disorders or diseases). In supporting patients, the practice had developed a model alongside the staff of the service and health and social care professionals. This model promoted integrated working across primary care, community care and secondary (specialist hospital care) and social care. For example, the two GP partners conduct new patient health checks, a regular ward round, urgent visits, regular medication reviews, blood tests, and immunisations. In addition, GP's liaise with professionals in

Are services effective?

(for example, treatment is effective)

care planning and managing risks to patient safety and offer emotional support to family members through involving them in decisions about care or treatment. GP's work closely with the service management team to ensure actions are agreed to ensure that the patient receives a timely and effective response to their needs. This had resulted in a fewer numbers of visits, fewer administrative errors in regard to PRN's (medicines prescribed when needed) and improved information sharing and access to a range of medical and social care specialists who are required to support this vulnerable patient group. By creating an integrated way of working residents were receiving an improved service.

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 practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not being monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients were referred to a dietician should this be an identified need and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 71% and the national average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 83% and five year olds from 78% to 83%.

Patients had access to appropriate health assessments and checks; these were often conducted by the practice's health care assistant. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the thirty five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We did not speak with any of the practice's patient participation group (PPG) as the practice manager told us the group was currently in the process of being re-established due to a lack of attendance at recent meetings.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and a national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format.
- There were a selection of leaflets available in the practice waiting area about healthy living and health prevention.

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 support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 107 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

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. For example, the practice forms part of the North Barnet locality Network which works under the umbrella of the Pan Barnet Federation. The aim of the network was to bring together practices to provide services collaboratively for its patients. One of the initiatives commissioned by Barnet CCG has been to provide a hub for the provision for an 8am to 8pm pilot; its aim is to provide GP appointments accessible for any patient living in Barnet at evenings and weekends.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday morning from 7am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or whom had complex health needs
- The practice offered GP appointments through the Pan Barnet Federation from 8am to 8pm weeknights and weekends.
- There is a choice of both female and male GP's.
- 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 those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offers support to two local services. One for Asian women living in a local specialist service with learning disabilities and mental health needs and to some residents of a service for people with dementia.
- There were limited disabled facilities due to the historical nature of the building. However, patients could be seen in the ground floor consultation rooms and the practice was reviewing what improvements could be made to enable better access through the building entrance to support parents with prams and those less able to easily enter the premises.

- There was a hearing loop and translation services available.

Access to the service

The practice opening hours are:

Monday 8.30am – 6.30pm (Extended hours offered between 7am-8am – GP and Nurse led)

Tuesday 8.30am – 6.30pm

Wednesday 8.30am – 1.00pm (Extended hours offered with a nurse practitioner between 7am-8am – Nurse led)

Thursday 8.30am – 6.30pm

Friday 8.30am – 6.30pm

Saturday Closed

Sunday Closed

The practice telephone lines were answered from 8.30am each week day. Appointments were available via the North Barnet locality Network which works under the umbrella of the Pan Barnet Federation at local hub practice in support of the 8am -8pm agenda every weekday should a patient require a non-urgent appointment after 6.30pm weekdays and 8am-8pm on Saturdays and Sundays. Outside of these times, the telephones are diverted to an out of hour's provider.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or below local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.

In response to patient survey results the practice had installed a new telephone system in March 2016. This has improved the functionality of the telephone access and aids business continuity as incoming calls can be transferred to mobile phones in the event of an emergency. The system includes an automated telephony system that

Are services responsive to people's needs?

(for example, to feedback?)

interacts with patients, gathering information and routing the calls to the appropriate person. The practice has planned to review this system to ensure that the system is meeting patient needs.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

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.
- We saw that information was available to help patients understand the complaints system. The practice's patient information leaflet contained information about how to complain as did the practice's website. We did not find a poster displayed about how to make a complaint and this was immediately actioned during our visit; however, the practice had these at reception which was given to patients if they asked how to complain.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we looked at a complaint from a patient in regard to a missed appointment. We saw that the patient's complaint was acknowledged and responded to within an appropriate timescale and that action had been taken to ensure that the protocol regarding arriving late for appointments was applied more flexibly and specific to patient circumstances.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, a programme of continuous clinical and internal audit was not in place to monitor quality and to make improvements and this was recognised as an area requiring improvement by practice leads.

Leadership and culture

On the day of inspection the partners in the practice 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 told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. However, it did not always proactively seek patients' feedback about the delivery of the service.

- The practice's patient participation group (PPG) had not been active over recent years as attendance had been increasingly low. Practice leads told us that they recognised this was an area requiring attention. The practice partners told us that over the last two years their focus has been on working through a number of significant challenges for example, management and staff change and plans. Additionally plans to relocate the practice had been unsuccessful. However, in direct response to individual patient feedback, the friends and family test and complaints the practice had developed an action plan to deliver improvements. For example, the new telephone system, new patient self-check in screen to reduce queues at reception, automated blood pressure machine to allow patients to check their blood pressure without the need to see the practice nurse.

Are services well-led?

Good 

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

- The practice also improved communications with patients by accepting email requests reducing the demand for face to face appointments. Improved flexible working for GP's to allow remote access to the patient record system and increased telephone triage consultations with each GP. Practice partners told us that they have increased capacity by employing part time salaried GP's and are looking at plans to recruit a nurse practitioner who could offer patients increased access to healthcare reducing demand for GP appointments.
- The practice had gathered feedback from staff 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. For example, the partners had increased the number of hours worked by the practice manager to support the changing governance and workforce needs. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, as part of the Pan Barnet Federation, the practice is looking to secure funding for primary care to provide pharmacist support and wound care to its patients which had been identified as a significant need for patients living in the community with complex wounds. In addition, the practice is seeking a nurse practitioner to provide increased nursing capacity and support to GP's and patients. The practice is continuing with its planned refurbishment to ensure that consultation and waiting rooms in line with national guidelines.