Sefton Ave Surgery

Quality Report

3 Sefton Avenue
London
NW7 3QB
Tel: 020 8959 1868
Website: www.mulberrymedical.nhs.uk

Date of inspection visit: 5th August 2015
Date of publication: 15/10/2015

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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 6

What people who use the service say 9

Detailed findings from this inspection

Our inspection team 10

Background to Sefton Ave Surgery 10

Why we carried out this inspection 10

How we carried out this inspection 10

Detailed findings 12

Action we have told the provider to take 22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sefton Avenue Surgery (also known as the Mulberry Practice) on 5 August 2015. Sefton Avenue Surgery is the main surgery of the Mulberry Practice. Mulberry Practice operates two satellite surgeries, Woodcroft Medical Centre and Willow Court Surgery (this practice merged in January 2015). These were not visited as part of this inspection. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

Summary of findings

- Ensure all emergency equipment and medicines are monitored properly and safely and appropriate for their intended purpose. Review monitoring arrangements for emergency medications to ensure they are robust.
- Assess the risks associated with not having an automated external defibrillator (AED) (a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient)
- Ensure that all recruitment files for locum staff are complete to ensure staff are suitable for employment.

Importantly the provider should:

- Review and implement recommendations outlined in the Legionella risk assessment and report.
- Ensure that all patient group directions (PGD's) are reviewed regularly in line with national guidelines.

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.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, recruitment checks were not always complete for locum staff, and the legionella risk assessment had not been followed up. We also found no AED had been purchased or risk assessment associated with not having an AED on the premises to protect staff in a medical emergency. Emergency medicines were not always monitored sufficiently and safely.

Are services effective?

Good

The practice is rated as good for providing effective services. Patient outcomes were improving due to increased capacity within the staff team. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams frequently.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice well for several aspects of care. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the

Summary of findings

NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a purpose, aims and objectives. Staff were clear about the vision and their responsibilities in relation to this. 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 were systems in place to monitor and improve quality and identify risk. Leadership had invested in improving its clinical capacity by recruiting more GP's, a nurse practitioner and a qualified Practice Manager to better meet the needs of patients The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was evolving. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Practice level data showed that outcomes were in line with national averages for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. Comprehensive multi-agency care plans were in place to support the most at risk older people. It was responsive to the needs of older people, and had a specialist clinic available weekly to improve access to a GP. Health checks for older people were conducted at home where there was a need. The practice had introduced a direct number for at risk patients so that they could speak directly to member of staff when needed. Home visits and rapid access appointments were available for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice was taking proactive action to improve outcomes for people with long term conditions by increasing its clinical capacity. Both GPs and nursing staff had begun to take lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. It was progressing its recall system to ensure regular and timely reviews of all patients with long term conditions particularly in regard to diabetes and hypertension. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Regular telephone contacts were in place to ensure patients were getting the help they needed. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice was participating in a clinical commissioning group pilot (CCG) across its locality which specifically looked at integrated care plans for those with complex health and social care needs.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. 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. A family and paediatric clinic was held weekly and supported by the lead GP for safeguarding and sexual and reproductive health. Appointments were available outside of school hours and children under 5 were seen as a priority. The premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). 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. It had introduced extended opening hours. The practice was proactive in offering online services. It was in the process of promoting health checks. The practice identified that cervical screening rates was an area for improvement and had increased its clinical capacity to support and encourage women to take up this service. A full range of information about health conditions and diseases and information about ill health prevention was available in the practice and on the practice website.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances for example those with a learning disability. It offered longer appointments for people with a learning disability and involved carers and other professionals in their care and treatment Health checks were being conducted annually. There were good systems in place for a GP to review the patient's records if they did not attend for their appointment.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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)

Good

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

Summary of findings

regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. Annual health checks were underway for those patients with mental health conditions. Clinical leads for dementia had been identified and led on care planning and liaison with professionals. The nurse practitioner conducted home visits for health checks for those with dementia diagnosis.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, such as MIND or Barnet Voice for Mental Health. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The results from the National GP Patient Survey July 2015 (from 107 responses which is equivalent to 1.7% of the patient list) demonstrated that the practice was performing in line with local and national averages. However; results indicated the practice could perform better in certain aspects of care, including the length of time available for patients when seeing a nurse. For example:

- 52% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 84% of respondents say the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 88% and a national average of 92%.
- 71% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 74% and a national average of 78%.

The practice scored higher than average in terms of patient care and treatment received by practice nursing staff and patients felt they could have access to their preferred GP. For example:

- 88% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 80% and a national average of 85%.
- 91% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 85% and a national average of 90%.
- 61% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 56% and a national average of 60%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required extra support. We also spoke with seven members of the PPG who told us they could not fault the care they had received.

Sefton Ave Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector.** The other members of the team were a GP specialist advisor and a Nurse specialist advisor.

Background to Sefton Ave Surgery

Sefton Avenue Surgery is the main surgery location for Mulberry Medical Practice. It is situated in Mill Hill, North West London and is within the NHS Barnet Clinical Commissioning Group (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 a full range of enhanced services including adult and child immunisations, facilitating Timely Diagnosis and Support for People with Dementia, minor surgery and remote care monitoring.

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

The practice had a patient list of just over 6461 at the time of our inspection.

The staff team at Sefton Avenue Surgery included 3 partner GPs', 3 salaried GPs', 1 nurse practitioner, 2 practice nurses and 1 Health Care Assistant, 1 Practice manager and a team of administrative staff. The GPs compromised of two male and four female GPs (all working a mix of full time and part time hours) across the main surgery and its two satellites; Woodcroft Medical Centre and Willow Court Surgery. Clinical staff work across all three sites. Woodcroft Medical Centre and Willow Court Surgery were not inspected as part of this visit as Sefton Avenue is the main surgery site. The practice manager and nurse practitioner have been newly established roles in the past 12 months.

Sefton Avenue Surgery is an approved training practice for GP Registrars. On the day of our visit two new trainees were due to commence their first day of GP training at the practice and were located at a satellite surgery.

The main surgery at Sefton Avenue is open between 08:15 and 13.00 and 14.00 and 18.30 Monday to Friday. Extended hours surgeries were offered at this location, from 18.30 to 20.00 on Monday weekdays and between 18.30 to 19.00 at Willow Court Surgery on a Tuesday and at Woodcroft Surgery on a Wednesday. To assist patients in accessing the service there is an online booking system, and a text message reminder service for appointments and test results. Urgent appointments are available each day and GPs also complete telephone consultations for patients. An out of hour's service provided care to patients when it was 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 website as well as through posters and leaflets available at the practice.

The practice had a higher percentage than the national average of people with a long standing health conditions (53.3% compared to 54.0%); and a lower percentage than the national average of people with health related problems in daily life (46.7% compared to 48.8%). The

average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and in line with the national average for females.

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.

CQC (Registration) Regulations 2009 outline that where a practice operates a main surgery and a number of branches with one single patient list the branches can be registered under the main surgery location. The provider may want to consider registering Woodcroft Medical Centre and Willow Court Surgery in this way rather than as two separate locations. All partners should also be included on the registration.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This 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.

This provider had not been inspected before and that was why we included them.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 August 2015. During our visit we spoke with a range of staff including GPs, the nurse practitioner, and administrative staff. We spoke with patients who used the service including representatives of the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed four comment cards where patients and members of the public shared their views and experiences of the service. We also reviewed the practice's patient satisfaction survey results from 2014/15 provided prior to our visit.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for completion via the practice system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and had regular meetings to discuss the learning points.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff had put additional checks onto its fast track referrals process so that clinical letters or results could be monitored for potential delays to ensure patients received timely care and treatment.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents. Staff were able to share a recent example from NICE in regard to patient safety advice following the recent heat wave.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for regularly monitoring and managing risks to patient and staff safety. During our visit we saw that there was a health and safety policy available with a poster in the reception office. Staff understood their roles and responsibilities in regard to health and safety and knew what to do for example in the case of a fire. However, we noted that although there was a fire risk assessment in place; the practice did not have a process for regular review and had not undertaken any reviews for over five years. We noted that all necessary annual fire checks had been undertaken including a recent fire drill, checks to fire extinguishers and alarm panels were also performed.
- All electrical equipment was checked annually to ensure the equipment was safe to use.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- A Legionella risk assessment and report had been conducted in 2013; however, none of the recommendations had been acted on and no further monitoring had taken place. The practice manager was aware of this.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of

the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Electronic prescribing was in place. However, we noted there was no protocol in place for transferring vaccines between the three practices, although the process explained met acceptable standards in regard to maintaining the cold chain. A suitable container had recently been purchased to ensure safe transfer and the practice was in the process of updating its procedure by having vaccinations sent directly to the other sites. The practice had Patient Group Directions (PGDs) in place. These are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We found that nurses had not signed these documents and had not been authorised by the GP's to carry out their responsibilities. We drew this to the immediate attention of the senior GP and registered manager and this was rectified during our visit.

- Recruitment checks were carried out; these included, proof of identification, references, qualifications, registration with the appropriate professional body accreditation details and Disclosure Barring Service (DBS) checks. We reviewed six files which we found to be complete; however, in one of the locum files we found no information relating to a DBS check. We informed the administrator responsible for the pre-employment checks and the agency was contacted immediately to obtain a copy.
- 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 that enough staff were on duty to cover all three sites. We saw a copy of the weekly rota and we were informed about the policy for managing staff absences.

Arrangements to deal with 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 oxygen with adult and children's masks. The oxygen had received its annual service and was in working order. There was no AED in place at the practice. We asked if a risk assessment had been undertaken to assess the impact of not having one should the need arise in a medical emergency. Staff told us that they were not aware of the UK resuscitation guidelines in regard to AED usage at a primary medical service.

Emergency medicines were available to staff in a secure area of the practice and all staff knew of their location and how to access them. Checks of emergency medications were being undertaken. We found that one medication used for treating anaphylaxis in one of the consulting rooms was not prescribed with the appropriate dosage despite being checked. We raised this issue with the nurse practitioner and GP and they took immediate action by ordering the correct medication dosage and removing the emergency drug. They informed us that the practice nurse was responsible for checking emergency medications and checks would be reviewed. We also looked at the medication available for GPs used when attending home visits. Medications were in date and as described in the emergency medications protocol. The nurse practitioner was responsible for this.

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. However, not all staff knew about this.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and guidance from local commissioners. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and these were disseminated by the practice manager. Staff used this information to develop how care and treatment was delivered to meet patient needs. For example, NICE guidance for treatment of patients with cardiovascular disease.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 80.8% of the total number of points available, with 6.8% exception reporting. This practice was an outlier for some QOF clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 83.1%, which was lower than the CCG of 90.3%.
- The percentage of patients with hypertension having regular blood pressure tests was 63.1% compared to the CCG average of 83.1%.
- The dementia diagnosis rate was above the CCG and national average at 100%.

In response to those areas where performance was worse than average, the practice had begun to establish clinical leads to oversee regular health checks. The leadership team told us they had increased nursing capacity through the recent appointment of a nurse practitioner. This had improved the management of those patients with hypertension, in particular those with diabetes.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been three clinical audits completed in the last two years. Audits were on retinopathy screening in people with diabetes, dementia diagnosis, and cervical smears. All three of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result of the dementia prevalence audit included a renewal of the protocol for Dementia screening, using alerts on patients' notes to check for memory problems in those at risk to assist in identifying these patients and the appointment of a clinical lead GP for Dementia to oversee all care planning and QOF outcomes. The audit cycle which began in September 2014 found that 2.21% of the practice population had been identified with dementia; this had increased to 3.71% by the end of the second cycle of the audit in March 2015. These results were in line with the practice dementia diagnosis rate of 100%.

Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness, customer care. Staff had access to and made use of e-learning training modules and in-house and external 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 its intranet system. This included care and risk assessments, care plans, medical records and test results.

Good

Are services effective?

(for example, treatment is effective)

Information, such as NHS patient information leaflets, were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital or when at risk of hospital admission. We saw evidence that multi-disciplinary team meetings took place on a weekly and monthly basis and that care plans were routinely reviewed and updated.

The practice was using computerised tools to identify patients who were at high risk of admission to hospital. Such patients were discussed in the regular clinical meetings. Each patient had an allocated clinical lead and they were referred to the local multi-disciplinary team, Barnet Integrated Locality Team (BILT). This was a pilot multi-agency team which the practice was participating with to improve outcomes for vulnerable people and ensure that care was coordinated to meet the specific patients' needs and reduce likely hospital admission.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice's health care assistant underwent training on smoking cessation in 2014 and was now able to run clinics and give one to one support on stopping smoking.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 72.9%, which was lower to the CCG average of 80.4% and a national average of 81.9%. There was a policy to offer both written and telephone reminders to patients who did not attend for their cervical screening test. Following the audit of cervical screening, clinical capacity had been increased to give patients more access to smear appointments at different times. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer particularly where risks were identified.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 93.6% to 97.3% and five year olds from 83.9% to 93.5%. Flu vaccination rates for the over 65s were 67%, and at risk groups 49.2%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtain screens were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were always closed during consultations and that 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 four patient CQC 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. We also spoke with seven members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice scored mostly above average for its satisfaction scores in the levels of confidence and trust patients had in their doctors and nurses at the practice. For example:

- 85.5% said the GP was good at listening to them compared to the CCG average of 88% and national average of 88.6%.
- 76.8% said the GP gave them enough time compared to the CCG average of 83.4% and national average of 86.8%.
- 96.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.6% and national average of 95.3%
- 81.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82.8% and national average of 85.1%.
- 85.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90.4%.
- 78.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 82.4% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views. These comments were supported by the in house patient satisfaction survey.

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

- 82.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84.1% and national average of 86.3%.
- 79.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.9% and national average of 81.5%

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were identified as carers; 0.3% or 20 people, in total. The practice supports them by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. Members of the PPG told us that they were looking to invite carers to be represented on future groups. Staff told us they were more actively seeking to identify carers supporting patients as they recognised numbers were low.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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 or by giving them advice on how to find a support service. We saw that information on bereavement services was available also in the patient waiting area and on the practice website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was part of a CCG pilot scheme, Barnet Integrated Locality Team (BILT), which was created to better coordinate care planning for patients with long-term chronic and medically complex conditions who may find it difficult to navigate health care systems. Its purpose was to provide the appropriate, timely and co-ordinated crisis care to prevent admission or readmissions to secondary care and to support end of life care pathways.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered a 'Commuter's Clinic' on a Monday for working patients who could not attend during normal opening hours
- There was a specific clinic available weekly for women and children.
- There was a specific clinic available weekly for older people.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions
- Vulnerable or at risk patients were given a separate contact number for the practice to ensure they were able to reach staff and given priority
- There were disabled facilities, hearing loop and translation services available. Staff at the practice spoke a number of community languages.
- Clinical rooms were available downstairs for patients to be seen should they be unable to climb stairs and this was flagged on the practice computer system.
- Those patients living with dementia received home visits from the Nurse Practitioner for their regular checks
- The practice had an equal opportunities and anti-discrimination policy which was available to all staff. Staff had received training on equality and diversity

Access to the service

The practice was open between 08:15 and 13.00 and 14.00 and 18.30 Monday to Friday. Extended hours surgeries were offered at this location, from 18.30 to 20.00 on Monday weekdays and between 18.30 to 19.00 at Willow Court Surgery on a Tuesday and at Woodcroft Surgery on a Wednesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them on the day and a triage system was in place alongside priority given to young children and the most vulnerable.

The PPG had also conducted an in house patient satisfaction survey in 2014/15 which looked at how well cared for patients felt. Of those who responded (50) over 50% of patients felt satisfied or highly satisfied. There was an action plan which identified where improvements could be made. For example, increased clinical capacity and training for reception staff in core patient care skills such as customer care and supporting patients with complex issues. Staff had received this training and were able to tell us what they had learnt.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 64.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 69.9% and national average of 75.7%.
- 63.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 64.8% and national average of 74.4%.
- 66.4% patients described their experience of making an appointment as good compared to the CCG average of 67.3% and national average of 73.8%.
- 52% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58.1% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a 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 and who led on all aspects of patient liaison including supporting the Patient Participation Group (PPG).

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system. There was a copy of the complaints procedure on display in the waiting area, including information on the Patient Advice and Liaison service (PALS). We also saw information on how to complain in the practice leaflet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at six complaints received in the last 12 months and found that all had been dealt with in a timely way and handled sensitively and compassionately. We noted that complaints had been handled with openness and transparency and were regarded as a significant event for discussion.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Complaints were well documented to include, date received, date acknowledged, the nature of the complaint, who led the response and investigation and what action had been taken as a result. For example, we saw two complaints on issues with repeat prescriptions around electronic prescribing. We noted that the practice manager arranged for a meeting with the local pharmacy and identified further training for reception staff on the use of a new process to avoid prescription requests not being received and not being issued on time.

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 on the practice website and staff knew and understood the values. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had recruited a practice manager at the end of 2014 to support the delivery of the practice's plans and to drive improvement in governance arrangements.

Governance arrangements

The practice had begun to develop 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
- An understanding of the performance of the practice
- A programme of continuous clinical and internal audit had commenced which was used to monitor quality and to make improvements
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

However, in regard to risk management although risks had been identified, recorded, and managed there were not yet robust arrangements for reviewing continuously and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. There was a strong focus on education for both clinicians and non clinical staff. The partners were visible in the practice and staff told us they were always approachable and took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. We observed this on the day of our visit.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. 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.

The recruitment of a number of staff including, a qualified practice manager, nurse practitioner, healthcare assistant and three additional salaried GP's had supported the leadership in dealing with the complexities of managing a group of practices. For example, increasing capacity to support the improvement of outcomes, identifying clinical leads for long term conditions and QOF areas to drive forward process and multidisciplinary working.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, opening hours were extended and longer sessions were created for all three sites. A comprehensive training programme was developed for all reception staff with a focus on customer service. Online appointment booking was made available. Increased numbers of clinical staff supported increased availability of appointments.

The practice had also 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, staff were involved in the planning and set up of

Are services well-led?

Good

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

the new group wide telephone system to ensure it would meet the needs of each specific locality whilst supporting integration. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice has been a training practice for 15 years. Every Monday there was a visiting consultant in attendance to support the trainee GPs, covering key specialisms. We also noted that the two principal GP's at the practice took lead roles locally in regard to GP trainee learning and facilitation and were active in across the locality multidisciplinary learning and development for There was a commitment to continued learning and development through teaching and training.

The practice team was a part of a local pilot scheme to improve outcomes for patients in the area. The practice was part of the Barnet Integrated Locality Team Pilot, a multidisciplinary team working to supporting at risk and vulnerable patients within the community setting.

The practice was participating in the Facilitating Early Diagnosis of Dementia (FED-D) Research for University College London. The aim of this study was to increase timely diagnosis of dementia through an evidence-based intervention promoting memory service access.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not protected people against the risk of inappropriate or unsafe care due the lack of efficient systems to assess, monitor and mitigate the risks relating to their health, safety and welfare. We found that the registered person had not protected people against the proper and safe use of medicines. We found that the registered person had not protected people against the risk of unsafe care by not assessing the risks associated with not having an AED available when required in a medical emergency. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 part 3 Regulation 12 (2) (a) (f) (g)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the registered person had not protected people against the risk associated with staff not being subject to appropriate pre-employment checks, including Disclosure and Barring Service checks. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 part 3 Regulation 19 (1) (a) and 19 (3) (a)