

# Ravenscroft Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



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?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ravenscroft Medical Centre on 14 July and 19 July 2016. Overall the practice is rated as requires improvement.

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

- Significant event reviews and investigations were not always sufficiently thorough. For example, there was limited evidence that meetings took place to share learning from significant events and take steps to maintain or improve patient safety.
- We identified concerns with the arrangements for storing vaccines in that the practice could not provide fridge temperature records prior to November 2015. Given our concerns, we notified Public Health England of our findings. Shortly thereafter, we were advised that no further action was required.
- Governance arrangements did not always operate effectively. For example, there was limited evidence that staff routinely met to identify, monitor and take mitigating actions against risks.
- Clinical audits were being used to drive improvements to patient outcomes.
- Data showed that with the exception of cervical screening uptake, most patient outcomes were above the national average.
- Data from the national GP patient survey showed patients rated the practice higher than others on most aspects of care.
- 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.
- 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.

# Summary of findings

The areas where the provider must make improvements are:

- Ensure that cervical screening uptake is monitored and action taken as necessary to improve performance.
- Ensure that the vaccines fridge temperatures are being regularly monitored to ensure the vaccine's effectiveness.
- Ensure that a risk assessment is undertaken of its decision not to keep a defibrillator on the premises.
- Ensure that control of substances hazardous to health risk assessments take place.
- Ensure that annual fire risk assessments take place.
- Ensure that there are systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users (for example, to ensure annual calibration of clinical equipment).

In addition the provider should:

- Investigate safety incidents thoroughly, including ensuring that staff learning is shared and documented at clinical meetings and that this involves all relevant people.
- Review systems in place for identifying and supporting carers.

Please note that Quality and Outcomes Framework (QOF) data referred to in this report relates to unverified data provided by the practice on the day of our inspection. QOF is a system intended to improve the quality of general practice and reward good practice.

Ravenscroft Medical Centre also operates a branch location which is open three hours per day for approximately thirty nine weeks per year. Patient registration is restricted to students of Middlesex University.

**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 requires improvement for providing safe services.

- We identified concerns regarding the effective monitoring of vaccine fridge temperatures.
- Significant event reviews and investigations were not always sufficiently thorough and did not include all relevant people.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

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.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above national averages.
- 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.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect.
- 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.
- Data from the national GP patient survey showed patients rated the practice higher than others on most aspects of care.

**Good**



# Summary of findings

## 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 Barnet Clinical Commissioning Group to secure improvements to services where these were identified. For example, Saturday and Sunday appointments were offered.
- 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 requires improvement for being well-led.

- Governance arrangements did not always operate effectively in that risks were not always monitored or dealt with appropriately. For example, the practice was not undertaking Control of Substances Hazardous to Health (COSHH) risks assessments and, at the time of our inspection, clinical equipment had not been calibrated within the last 12 months. Staff meetings where such risks could be identified, monitored and mitigated against were infrequent and not always minuted.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The GPs encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.

Requires improvement



# 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

The provider was rated as requires improvement for the care of older people; and was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were however, examples of good practice:

- 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 urgent appointments for those with enhanced needs.
- Practice nurses routinely liaised with district nurses to undertake joint home visits for housebound patients.
- Patients from this population group spoke positively about the care and treatment they received.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for the care of people with long term conditions; and was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice managed most patients with long-terms conditions within the practice and we were told that the referral rate to secondary care was low, according to local CCG referral data.
- The percentage of patients with diabetes in whom the last blood pressure reading was the target 140/80 mmHg or less was 84% (compared to the respective 76% and 78% national and CCG averages).
- 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.
- Patients from this population group spoke positively about the care and treatment they received.

**Requires improvement**



# Summary of findings

## Families, children and young people

The provider was rated as requires improvement for the care of families, children and young people; and was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- 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. Unverified immunisation data provided by the practice showed that 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 latest published data (2014/15) on uptake for the cervical screening programme was 77%, which was comparable to local and national averages. However, we were shown unverified performance data on the day of our inspection (14 July 2016) which indicated that uptake was 63%. We did not see evidence of this performance having been discussed or of action being taken to make improvements.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



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

The provider was rated as requires improvement for the care of working age people (including those recently retired and students); and was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were however, examples of good practice:

- 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 that reflects the needs for this age group.

Requires improvement



# Summary of findings

- During term time, the practice operated a branch surgery near to a local university, solely for students' healthcare needs. It offered opening hours which suited lecture times and also offered a walk-in service.

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for the care of people whose circumstances may make them vulnerable; and was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability (and for whom it offered longer appointments)
- 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.

Requires improvement



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

The provider was rated as requires improvement for the care of people experiencing poor mental health including people with dementia; and was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were however, examples of good practice:

- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the 84% national average.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) compared with the 88% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement





# Summary of findings

- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. We noted that 395 survey forms were distributed and 83 were returned. This represented approximately 1.2% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% 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%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 85% 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 twenty six comment cards about the standard of care received. All of the respondents were satisfied with the care they received and thought that staff were approachable, committed and caring.

We spoke with four patients during the inspection who were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that cervical screening uptake is monitored and action taken as necessary to improve performance.
- Ensure that the vaccines fridge temperatures are being regularly monitored to ensure the vaccine's effectiveness.
- Ensure that a risk assessment is undertaken of its decision not to keep a defibrillator on the premises.
- Ensure that control of substances hazardous to health risk assessments take place.
- Ensure that annual fire risk assessments take place.

- Ensure that there are systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users (for example, to ensure annual calibration of clinical equipment).

### Action the service **SHOULD** take to improve

- Investigate safety incidents thoroughly, including ensuring that staff learning is shared and documented.
- Review systems in place for identifying and supporting carers.
- Investigate safety incidents thoroughly, including ensuring that staff learning is shared and documented at clinical meetings and that this involves all relevant people.

# Ravenscroft Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Ravenscroft Medical Centre

Ravenscroft Medical Centre is located in Golders Green in the London Borough of Barnet, North London. The practice has a patient list of approximately 7,000 patients. Fourteen percent of patients are aged under 18 (compared to the national practice average of 21%) and 18% are 65 or older (compared to the national practice average of 17%). Fifty four percent of patients have a long-standing health condition and we were advised by the practice that less than 1% of its practice list had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice holds a General Medical Services contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The staff team comprises three male partner GPs (providing a combined 20 sessions per week), three salaried GPs (one female, two male providing a combined 18 sessions per week), female practice nurse (providing a combined 8 sessions per week), practice manager and administrative/reception staff.

The practice's opening hours are:

- Monday to Friday: 8:30am -6:30pm

Appointments are available at the following times:

- Monday :8:30am-12:30pm and 2:30pm -6:30pm
- Tuesday: 8:30am-6:30pm
- Wednesday 8:30am-12:30pm and 2:30pm -6:30pm
- Thursday: 8:30am-12:30pm and 2:30pm -6:30pm
- Friday: 8:30am-12:30pm and 2pm-6:30pm

The practice offers extended hours opening at the following times:

- Monday: 6:30pm-7:30pm
- Tuesday: 7:15am-8:30am , 6:30pm-7pm
- Thursday: 7:15am-8:30am

Saturday & Sunday morning appointments are also offered through the Pan-Barnet Federation.

Outside of these times, cover is provided by out of hours provider: Barndoc Healthcare Limited.

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury.

Ravenscroft Medical Centre has not been inspected before.

## 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

# Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 and 19 July 2016.

During our visit we:

- Spoke with a range of staff (including partner GPs, a salaried GP, practice manager, deputy practice manager a practice nurse and receptionists) 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)

# Are services safe?

## Our findings

### Safe track record and learning

We looked at systems in place for reporting and recording significant events.

- Systems, processes and practices were not always reliable or appropriate to keep people safe. Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system but not all staff were aware of its location. The practice manager kept an incident reporting log which supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, some clinical staff were unaware that the practice had such an incident reporting log.
  - When things went wrong, reviews and investigations were not always sufficiently thorough and did not include all relevant people. Although records confirmed that significant events were discussed at clinical meetings, we noted that practice nurses were not attending these meetings. When we asked one of the nurses for a recent example of how a significant event had been used to improve the service, they recalled an incident when a GP had been unable to readily locate an oxygen mask for a patient. The practice nurse showed us how the storage of emergency medical equipment had subsequently been rearranged to enable prompt access but the practice had not logged this incident as a significant event.
  - Records showed that four additional significant events had taken place in the last 12 months and we saw evidence of actions taken to minimise chance of reoccurrence and maintain patient safety.
  - We noted 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and they 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. GPs were trained to child protection level 3 and the practice nurses to level 2.
  - A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring service check (DBS check). 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.
  - We looked at systems for infection prevention and control. We observed both the main practice and branch site to be clean and tidy. One of the practice nurses was the infection prevention and control (IPC) 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 the IPC lead and other staff had received up to date training. Infection control audits had taken place in May 2016 and we saw evidence that action was being taken to address the improvements identified as a result.

For example, in the main practice, fabric window curtains had been replaced with vinyl blinds which were easier to clean. We noted that the consultation rooms were carpeted and that the seating in the nurse's waiting room was fabric. These areas had been highlighted in the audit and we were told that they would be replaced by September 2016. We were told that the carpets had been steam cleaned within the last six months.

Some IPC systems were not reliable enough to prevent and protect people from a healthcare-associated infection. We reviewed the branch location's arrangements for managing clinical waste. We noted that the branch location consisted of an office, a waiting room and one consultation room. We were told that at the end of each daily three hour surgery, the consultation room's clinical waste (consisting of couch

### Overview of safety systems and processes

We looked at systems, processes and practices in place to keep people safe and safeguarded from abuse:

## Are services safe?

rolls and gloves) was transported back to the main practice for processing with the main practice's clinical waste. We noted that this presented a cross infection risk to staff and patients and had been highlighted in the recent IPC audit. We were told that the practice would be introducing a new protocol in time for the branch reopening in October 2016.

We noted that in one of the main location's GP clinical rooms, a sharps disposal box in use was precariously placed high above a cupboard out of reach of normal arm's length. Additionally, all types of sharps were being disposed of into the same sharps box. We noted a lack of risk assessment or awareness regarding the appropriate use of different colour coded sharps disposal bins.

- We looked at the arrangements for managing medicines, including emergency medicines and vaccines to ensure that they kept patients safe. 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 (PGDs) had been adopted, which allowed practice nurses to administer medicines in line with legislation. PGDs 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 identified concerns with the arrangements for managing vaccines. The practice had two vaccine fridges: Fridge A and Fridge B. On the day of our inspection, the practice could only provide fridge temperature records from November 2015 for either fridge. We were told that fridge temperature records for the previous periods had been disposed of and so we could not be assured that, prior to November 2015, vaccines had been stored between the required 2-8°C in order to ensure their effectiveness. We noted that the disposal of the temperature records was not in accordance with Public Health England guidance which states that fridge temperature records should be retained for five years.

We also identified anomalies regarding the fridge temperatures recorded since November 2015. For

example, Fridge A's log showed that on five days during the period 21 April 2016- 8 July 2016, the fridge temperature was recorded at between 17-21.5°C and Fridge B's log showed that on 16 May 2016, the fridge temperature was recorded at 19°C.

Staff were initially unable to explain these anomalies and we noted that the practice was not using a second thermometer as a method of cross checking the accuracy of the temperature readings. After reviewing the temperature data, staff explained that the increased temperature readings related to when the thermometer had been taken out of the fridge to download its temperature data to the computer. This had not been indicated on the log. We noted that the thermometer being used was not being regularly calibrated. In addition, the vaccine fridges were overdue their annual test by four months (although shortly after our inspection we were sent confirmation that this had taken place). Given our concerns, we notified Public Health England of our findings regarding temperature monitoring for further investigation or action if needed.

- We reviewed three personnel files and found that 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

We looked at how risks to patients were assessed and managed. We noted the following:

- There was a health and safety policy available with a poster in the reception office. All electrical equipment had been checked within the last 12 months to ensure it was safe to use although clinical equipment, including those in GP home visiting bags were overdue their annual calibration by four months. Shortly after our inspection, we were sent confirming evidence that the clinical equipment had been calibrated. The practice had risk assessments in place to monitor safety of the premises such as infection control and legionella; but was not undertaking risk assessments for control of substances hazardous to health.

## Are services safe?

- 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.
- The practice had not undertaken a fire risk assessment within the last 12 months.

### Arrangements to deal with emergencies and major incidents

We looked at the main practice's arrangements for responding 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 a treatment room.
  - The practice kept oxygen with adult and children's masks on the premises. There was also a first aid kit and accident book available. The practice did not keep a defibrillator on the premises and we noted that that this decision had not been risk assessed.
- Emergency medicines were 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 fit for use although the time frames for checking expiry dates were irregular and ranged from every two weeks to every two months. We also noted that the practice's emergency drugs were not arranged in a manner which facilitated prompt access.
  - 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.

At the branch location, we noted that emergency medicines, emergency oxygen and defibrillator were not available. We were told that the GPs only offered consultations and that vaccinations were not offered. However, the decision not to have emergency medicines, emergency oxygen and a defibrillator on the premises had not been formally risk assessed. At the time of our inspection the branch location was closed for summer recess. We were advised that emergency medicines, emergency oxygen and a defibrillator would be in place in time for the branch's re-opening in October 2016.



# 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. For example, a practice nurse described latest NICE wound management guidance gained through attending a local practice nurse network and one of the practice's salaried GPs showed us updated emergency contraception guidance they had produced, based upon recent Faculty of Sexual and Reproductive Healthcare guidance.

### 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% of the total number of points available with 6% exception reporting. 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.

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

Performance for diabetes related indicators was 100% which was above the national average of 89%.

Performance for mental health related indicators was 100% which was above the national average of 93%.

There was evidence of quality improvement including clinical audit.

There had been three clinical audits completed within the last 12 months; two of which were completed audits where the improvements made were implemented and monitored.

Findings were used by the practice to improve services. For example, in October 2015, the practice undertook an audit to confirm that, in accordance with guidelines, patients being prescribed Drug X were undergoing three monthly blood monitoring for signs of bone marrow suppression (the guidance having highlighted that this was a possible side effect of Drug X). The first cycle of the audit highlighted that only two of the identified six patients had had regular blood monitoring. Following activity to increase clinical awareness of the guidance, an April 2016 reaudit showed that five of the six patients had had regular blood monitoring.

However, we did not see evidence that the audit results and learning had been discussed at a clinical meeting. We noted that such meetings took place on an ad hoc basis.

Before our inspection we noted a large variation in expected versus actual prevalence of Chronic Obstructive Pulmonary Disease (a type of lung disease). The partner GPs told us that this was attributed to the practice having a large percentage of students and Chronic Obstructive Pulmonary Disease generally affecting older people.

### 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.

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.



# Are services effective?

## (for example, treatment is effective)

Staff received training that included: safeguarding, fire safety awareness, 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 and had also sought to make improvements to the referral process as necessary. For example, a partner GP had acted on documented patient concerns about the local Referral Management Service (RMS) not making contact following a practice referral. As a result, the GP produced a patient leaflet with contact numbers which was given to patients when they were referred and which requested that they contact the RMS in two weeks to check progress on their referral. Clinicians told us that the leaflet had empowered patients and also improved the efficiency of patient referral pathways.

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. Regular liaison (in person, by teleconference or by fax) took place with other health care professionals where we were told, care plans were routinely reviewed and updated for patients with complex needs.

### 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.

### 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.

The latest published data (2014/15) on uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 79% and the national average of 82%.

However, unverified 14 July 2016 data provided by the practice indicated that its uptake was 63%. When we asked the practice to explain this variance, we were told that it may have been attributable to the transient nature of the student population registered at the branch location. However, we did not see evidence that performance had been discussed or investigated at clinical meetings or of action being taken to improve performance.

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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to local and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 62% to 78% and five year olds from zero to 97%. Local CCG averages ranged respectively from 72% to 80% and zero to 91%. On the day of the inspection, unverified data provided by the practice indicated that performance for under two year olds ranged from 87% to 90% and five year olds was 87%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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 26 patient Care Quality Commission comment cards we received were positive about the kindness of staff. Patients said they felt the practice offered an excellent service and that staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect; and that satisfaction scores on consultations with GPs and nurses were above national and local averages. For example:

- 92% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

We spoke with four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also spoke positively about the helpfulness of reception staff. Comment card feedback was that staff responded compassionately when patients needed help and provided support when required.

### 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 looked at three patient records and noted that for two records, the associated care plans were personalised. However, the third care plan was incomplete.

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 with satisfaction scores above local and national averages. For example:

- 88% 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%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpreting 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?

- Staff spoke a range of languages spoken in the community such as Hebrew and Polish.

When we spoke with a practice nurse and the practice manager they stressed the importance of working in partnership with patients and involving them in decisions about their care and treatment.

### **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. Practice records indicated that the practice had identified three patients as carers (less than 1% of the practice list). We were told that, due to the relative affluence of the area, a high number of patients needing carers were looked after by domiciliary care agencies. We noted that written information was available to direct carers to the various avenues of support available to them.

We saw evidence that if a family had suffered a bereavement, their usual GP contacted them; followed by a patient consultation at a flexible time and location to meet the family's needs

# 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 Barnet Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice is part of the Pan-Barnet Federation's South Barnet Network: a group of 15 local practices which work together to deliver additional services to the local community such as weekend appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Interpreting services were available.
- 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/were referred to other clinics for vaccines available privately.
- Disabled toilets were available.
- During term time, the practice operated a branch surgery near to a local university, solely for students' healthcare needs. It offered opening hours which suited lecture times and also offered a walk-in service.

### Access to the service

Appointments are available at the following times:

- Monday :8:30am-12:30pm and 2:30pm -6:30pm
- Tuesday: 8:30am-6:30pm
- Wednesday 8:30am-12:30pm and 2:30pm -6:30pm
- Thursday: 8:30am-12:30pm and 2:30pm -6:30pm
- Friday: 8:30am-12:30pm and 2pm-6:30pm

The practice offers extended hours opening at the following times:

- Monday: 6:30pm-7:30pm
- Tuesday: 7:15am-8:30am , 6:30pm-7pm

- Thursday: 7:15am-8:30am

Saturday & Sunday morning appointments are also offered through the Pan-Barnet Federation.

Outside of these times, cover is provided by out of hours provider: Barndoc Healthcare Limited.

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

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We noted that the practice had taken action to improve patient satisfaction regarding opening hours, having for example, recently joined the Pan-Barnet Federation to enable the provision of Saturday & Sunday appointments.

People told us on the day of the inspection that they were able to get appointments when they needed them. On the day of our inspection (Thursday 14 July 2016), we looked at appointment availability on the practice's clinical system and saw that both urgent and routine appointments were available that day.

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.

We saw that systems were in place to ensure that there was a GP on call to telephone all patients to assess urgency prior to visiting. 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 although there was no evidence that the practice had reviewed its systems following a recent NHS England patient safety alert on triaging GP home visits.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

We looked at the practice's system for handling complaints and concerns.

- Its complaints policy was 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.
- Information was available to help patients understand the complaints system including posters, reception TV information and a patient information leaflet.

We looked at three complaints received in the last 12 months and found that these were dealt with in a timely and open manner. We saw evidence that lessons were learnt from individual concerns and complaints. For example, following an incident whereby an administrator had been accused of being rude on the telephone, the practice had decided to vary staff members' duties to include interaction with patients at the reception desk.

We saw evidence that the practice was analysing complaints and of actions taken as a result to improve the quality of care. However, although we were told that learning from complaints took place at staff team meetings, we noted that these meetings were infrequent and not always minuted.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice's statement of purpose aimed to provide excellent patient care delivered in a clean, suitably equipped and safe environment; although we noted that the practice's aims, objectives and values were not displayed in public areas.

### Governance arrangements

Although we noted that a programme of continuous clinical and internal audit was being used to monitor quality and to make improvements, other governance arrangements did not always operate effectively. For example:

- The practice did not always act in accordance with its policies (such as its cold chain protocol which required that vaccines fridge temperature be continually monitored).
- When things went wrong, reviews and investigations were not always sufficiently thorough and did not include all relevant people.
- We noted a lack of awareness regarding the appropriate use of different colour coded sharps disposal bins.
- Risks were not always monitored or dealt with appropriately. For example, the practice was not undertaking COSHH risks assessments and, at the time of our inspection, clinical equipment in GPs' home visit bags had not been calibrated in the last 12 months (although this took place shortly after our inspection). We noted that staff meetings where such risks could be identified, monitored and mitigated against were infrequent and not always minuted.

### Leadership and culture

The partner GPs told us they prioritised safe, high quality and compassionate care. Staff told us they 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. GPs encouraged a culture of openness and honesty. The practice had

systems in place to ensure that when things went wrong with care and treatment affected people were given reasonable support, truthful information and a verbal or written apology.

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

- 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 told us the practice held team meetings but we noted that these were infrequent and not routinely minuted.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice.
- A practice nurse spoke positively about the supportive work environment. The practice manager highlighted that many staff had worked at the practice for more than ten years which, she felt, indicated an open and supportive work environment. A salaried GP also spoke positively about the practice but also felt that there was scope to improve some aspects of governance arrangements.
- Staff were involved in discussions about how to run and develop the practice, and GPs 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- We saw evidence that the practice had acted on patient feedback (for example it had recently started to offer weekend appointments). PPG members spoke positively about this aspect of the service and about how the practice listened to and acted on their views.
- The practice had gathered feedback from staff through appraisals and discussion. Staff told us they would not

# Are services well-led?

Requires improvement 

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. They 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. We were told that the practice was part of cross borough

multi-professional collaborative learning group which was hosted at the practice. The group was comprised of local GPs, secondary care consultants, pharmacists, social workers, nurses and health care support workers; and discussed a variety of topics and scenarios based on real life patient experiences. It used a number of different learning styles such as quizzes, cases, role-play and group discussion.



## 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 HSCA (RA) Regulations 2014</b></p> <p><b>Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by:</p> <ul style="list-style-type: none"><li>• Failing to ensure that cervical screening uptake was regularly monitored and action taken as necessary to make improvements.</li><li>• Failing to ensure that the practice's clinical equipment had been calibrated within the last 12 months.</li><li>• Failing to ensure the vaccines fridge temperatures were being regularly monitored to ensure the vaccine's effectiveness.</li><li>• Failing to undertake a risk assessment of its decision not to keep a defibrillator on the premises.</li><li>• Failing to ensure that control of substances hazardous to health risk assessments had taken place.</li><li>• Failing to ensure that annual fire risk assessments took place.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HSCA (RA) Regulations 2014</b></p>



## Requirement notices

### Good Governance

#### How the regulation was not being met:

The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided by:

- Failing to ensure that there were systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.