

Torrington Park Group Practice

Quality Report

Torrington Park Health Centre

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North Finchley

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Date of inspection visit: 01 September 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?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Torrington Park Group Practice on 01 September 2015. 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, reviewed and addressed appropriately.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles. They felt supported in identifying further training needs and were confident these needs would be met. The practice was formalising its appraisal system for nursing and non clinical staff at the time of our visit. GP appraisal was well established.
- 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. Urgent appointments were available.
- 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 should:

- Review personnel records so information as required is available in relation to each person employed including proof of identity and a recent photograph.
- Raise patients' awareness of the online appointment booking system.

Summary of findings

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?

The practice is rated as good for providing safe services. 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, reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. 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 further training needs had been identified and met. The practice was formalising its appraisal system for nursing and non clinical staff at the time of our visit. GPs' continuing professional development, appraisal and revalidation were well supported. Staff worked with multidisciplinary teams to ensure patients' needs were met.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others 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 practice and the services it provided was available and easy to understand. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

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.

Are services well-led?

The practice is rated as good for being well-led. It had clear aims and staff understood their responsibilities in relation to practice's aims. There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular practice meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and the practice was building up the membership of the group. Staff received induction, had their training needs identified and met, and were involved in ensuring the practice ran smoothly and efficiently.

Good



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 practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good 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 provided a range of enhanced services, for example in dementia. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those who needed them.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs and nursing staff had lead roles in chronic disease management. Patients at risk of avoidable unplanned hospital admission were identified and supported as a priority. 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. 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.

Good



Families, children and young people

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. The practice worked with other health and care professionals to provide support to vulnerable families. Immunisation rates were relatively high for childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

to ensure they were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held registers of patients whose circumstances made them vulnerable, for example homeless people and people with a learning disability. It had carried out annual health checks for people with a learning disability and follow ups were arranged for all these patients. It offered longer appointments for patients who needed them.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access support groups and voluntary organisations, and worked with specialised agencies, for example to assist patients who were refugees. 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). There was a lead GP for mental health and together with the healthcare assistant they arranged the recall of patients to have their annual health check. If patients did not attend they were visited at home to ensure appropriate monitoring and care. The practice 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.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received dementia awareness training.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. Three hundred and five surveys were sent out and 114 surveys were returned giving a completion rate of 37%.

- 82% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 42% 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%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 89% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.

- 63% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 54% 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%.
- 44% feel they don't normally have to wait too long to be seen compared with a CCG average of 50% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of treatment provided. There was one adverse comment about difficulty getting an appointment, another about not being seen on time, and a third about reception arrangements.

Torrington Park Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP specialist advisers, and an Expert by Experience who is someone who has received care and experienced treatment from a similar service. Specialist Advisors and Experts by Experience are granted the same authority to enter the registered persons' premises as the CQC inspector.

Background to Torrington Park Group Practice

Torrington Park Group Practice is located in North Finchley in the London Borough of Barnet. It is one of the 66 member GP practices of Barnet Clinical Commissioning Group.

The practice has approximately 12,000 registered patients. Services are provided by the Torrington Park Group Practice partnership under a Personal Medical Services (PMS) contract with NHS England. The partnership is made up of four GP partners. The practice manager is also a partner and the partnership is in the process of amending its registration with CQC to reflect this.

The practice's opening hours meet contractual requirements and are:

- Monday and Tuesday – 8.15am to 8.00pm (extended opening hours)
- Wednesday to Friday – 8.15am to 6.30pm

Surgery times are between:

Monday and Tuesday – 8.15am to 11.45am and 4.00pm and 8.00pm

Wednesday to Friday – 8.15am to 11.45am and 4.00pm and 6.30pm

Clinical services are provided by eight GPs, male and female, two practice nurses and a healthcare assistant. Non clinical staff include a practice manager, assistant practice manager and a team of secretarial, administrative and reception staff.

The practice is an accredited GP Training practice and three of the four GP partners are approved trainers. There were three qualified doctors training to specialise in General Practice attached to the practice at the time of our visit. The practice is also involved in teaching medical students from the local medical school.

Patients are cared for by an external out of hours GP service when Torrington Park Group Practice is closed. One of the GP partners works regular sessions in the out of hours service.

Torrington Park Group Practice is registered with the Care Quality Commission to carry on the following regulated activities at Torrington Park health Centre, 16 Torrington Park, North Finchley, London N12 9SS: Treatment of disease, disorder or injury; Diagnostic and screening procedures; Maternity and midwifery services; Family planning and Surgical procedures.

Detailed findings

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 was the first time we have inspected this service.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

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 01 September 2015. During our visit we spoke with a range of staff including GP, registrar, practice nurse and healthcare assistant staff; the practice manager and assistant practice manager; and members of the administration and reception team. We spoke with patients who used the service. We observed how people were being cared for and talked with carers and / or family members and reviewed the treatment records of patients. We reviewed comment cards where patients shared their views and experiences of the service with us.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to significant events and there was a system in place for reporting, recording and learning from them. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of the weekly practice meetings where significant events were discussed. Action was taken to improve safety, for example the redundant inboxes of clinicians no longer working at the practice were deactivated to ensure test results could not be sent there by mistake. We saw staff memos were sent to relevant staff when changes to systems and processes were required, and staff had to sign these to indicate they had read and understood the changes. The practice shared its learning with the wider GP community in Barnet through the Practice Managers Group meetings.

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.

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. Policies and guidelines were accessible to all staff and included information about who to contact for further guidance if staff had concerns about a patient's welfare and in the first instance this was the lead GP for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role: all clinical staff had received Level 3 child protection training.
- Chaperones were available for the benefit of both patients and staff. A poster in the reception area and in every surgery told patients about this. Two members of the non clinical staff had been 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. A practice nurse or a healthcare assistant could also be called on to act as a chaperone and all clinical staff had received a DBS check.
- Procedures were in place for monitoring and managing risks to patient and staff safety. Some of these fell to NHS Property Services who owned the building, for example fire risk assessments of the common areas, maintaining fire safety equipment and organising fire drills. NHS Property Services were also responsible for Legionella and management of the building's hot and cold water systems. There were good channels of communication between the practice and NHS Property Services and any problems were resolved quickly. The practice had responsibility for its own equipment. Maintenance and service arrangements were in place to ensure the equipment was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead and had completed update training on infection control for clinical staff. Infection control policies and procedures provided guidance and instruction to staff. Most staff had completed infection control training appropriate to their role with only a few still to complete the online course at the time of our inspection. Annual infection control audits were carried out and any areas for improvement were addressed.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG medicines management team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were stored securely.
- Recruitment procedures for clinical and non clinical staff were in place and appropriate pre employment checks had been carried out, for example references, registration with the appropriate professional body where applicable and the appropriate checks through the Disclosure and Barring Service. It was the practice's policy to complete DBS checks for all newly appointed

Are services safe?

staff, including non clinical staff. The practice did not have on record proof of identity including a recent photograph for members of staff that were known to the practice before they started working there. We brought this to the practice manager's attention who undertook to remedy this.

- 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 and that different tasks were covered, for example processing repeat prescriptions. The practice encouraged and supported flexible working and there were clear guidelines for staff about annual leave and locum arrangements. The practice manager and assistant practice manager could provide additional administrative and reception capacity if necessary.

Arrangements to deal with emergencies and major incidents

All staff had received basic life support training within the 12 months prior to our inspection. The practice had use of a defibrillator on the premises and medical oxygen with different sized masks for adults and children was available. Emergency medicines were readily available to staff while being stored securely. All but one of the medicines we checked were in date and fit for use. One medicine was out of date by one day and the practice removed it from the emergency drugs store for disposal.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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. 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 there were monthly clinical meetings with visiting consultants to review how care and treatment was delivered to meet patients' needs. The practice monitored how good practice guidelines were followed through practice meetings and clinical audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) which 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. In 2013-14 the practice had achieved 96.6% of the total number of points available, compared with the practice average across England of 94.2%. This practice was not an outlier for any QOF clinical targets apart from the percentage of antibiotic items prescribed that are cephalosporins or quinolones, which are broad spectrum antibiotics that increase the emergence of bacterial resistance in the community. The practice had taken action to address this and in the first quarter of 2015-16 and had reduced its prescribing rate for cephalosporin, quinolones and co-amoxiclav to one per cent less than the CCG average.

Data from 01/04/2013 to 31/03/2014 showed:

- Performance for a range of diabetes related indicators was in line with the national average.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was similar to the national average: 84.11% compared with 83.11%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was similar to the national average: 93.91% compared with 86.04%
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was similar to the national average: 76.92% compared with 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. In addition to prescribing audits there had been five clinical audits in the 12 months preceding our inspection and two of these were completed audits, where improvements had been implemented and their impact was checked. For example, there had been a completed audit of children prescribed adrenaline auto injector for home treatment of anaphylactic shock to ensure they were receiving the correct dose in line with Resuscitation Council (UK) guidelines. Following interventions to improve prescribing systems and practice in this area the second cycle of the audit four months later showed that 91.3% children over six years of age were being prescribed the correct dose compared with 80.6% in the first cycle of the audit, before improvements had been implemented.

The practice had carried out an audit of minor surgery excisions. These procedures are carried out under local anaesthetic. The audit considered the inclusion of written consent in the patients' records, the number of excisions sent for histology, the inclusion of biopsy reports in patients' records, and complications. There was a low complication rate and most records included the biopsy report. Areas for improvement included consent records, chasing up histology reports, and warning patients about the risk of infection and scarring. The practice planned to repeat the audit in the next 12 months to check that systems put in place to bring about improvement in these areas were effective.

The GP lead for clinical governance told us a key element to monitoring the quality of treatment and care provided to patients was GPs sharing the patients list and therefore having to review one another's patient records. The ethos

Are services effective?

(for example, treatment is effective)

of the practice was to be open and reflective and this was in part due to being a teaching practice. We saw that medical records were completed clearly and comprehensively.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of non clinical staff were identified through 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, including a programme of online training tied in directly with the practice's policies and protocols. They were supported to complete this training. Staff had not had a formal appraisal however for some years. The provider was instituting a new appraisal system this year and staff had completed the pre appraisal meeting phase, setting out their strengths and development needs and plans for the future. Appraisal was a leadership priority for 2015-16 and the practice manager was keen to use the appraisal system to ensure staff were happy and comfortable in their role and that they had the opportunity to have any additional needs or ambitions met.
- There was clinical supervision for nursing staff and arrangements were in place for GPs' continuing professional development, appraisal and revalidation. Clinical staff regularly took part in Community Education Provider Network (CEPN) events that supported cross organisation multiprofessional NHS workforce development. A recent example was a series of collaborative learning group meetings about heart failure. The GP partner carrying out minor surgery met the accreditation requirements of the NHSE England service specification for the minor surgery enhanced service.
- Clinical and non clinical staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules.

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 test results. 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 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, for example when they were referred to and after discharge from hospital. We saw evidence that multi-disciplinary team meetings took place, for example on a monthly basis to routinely review and update the care plan of a patient with mild Alzheimer's disease with mobility / balance problems who required the coordinated efforts of a multidisciplinary team to keep them and their carer safe and well.

Consent to care and treatment

Patients' consent to care and treatment was 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 and the Deprivation of Liberty Safeguards. This was particularly relevant to their work with some people living in residential and nursing care homes. 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 assessed the patient's capacity and together with the patient's carer made a decision in the best interests of the patient. This was recorded in the patient's notes.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. This included patients in the last 12 months of their lives, carers, those at risk of avoidable unplanned admission to hospital, and those with drug or alcohol problems. Patients were signposted to relevant services, for example for vulnerable new parents, for people with complex mental health problems, and for people who are the victim of domestic abuse. The practice received

Are services effective?

(for example, treatment is effective)

regular updates from the CCG about new services and service changes. The practice used the care navigation scheme in Barnet to provide personalised integrated health and social care interventions for frail and elderly patients. It worked closely with acute and community health teams working with patients in their homes to prevent them being admitted to hospital unnecessarily or to reduce their length of stay in hospital to a minimum.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 91.53% which compared well with the national average of 81.88%. The practice sent its own reminder letters to patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable with national averages. The flu vaccination rate for the over 65s was 70.23% and 47.77% for at risk groups. These rates were comparable with national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, the NHS health check for people aged 40–74, and annual health checks for people with learning disability and people with mental health problems. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Appointments for tests and then for further review once the results were known were booked at the same time to ensure health assessments and checks were followed up.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone, and that people were treated with dignity and respect. Curtains 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 closed during consultations and that conversations taking place in these rooms could not be overheard. Patients we spoke with said doctors and nurses respected their privacy and dignity and that reception staff were discrete, helpful and polite. Many described everyone at the practice as really nice.

Eight of the 11 patient CQC comment cards we received were entirely positive about the service experienced. Patients said they felt the practice offered a very good service and excellent care. One patient commented that it was difficult to get an appointment and another commented that they were never seen on time. A third patient was very dissatisfied with reception arrangements, but added that the doctors and nurses were all very good.

Results from the national GP patient survey showed patients were happy with how they were treated and that they were treated with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 83% 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%.

- 82% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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. All but one 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 in this area.

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 and results compared favourably with local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. Reception staff had communication aids to help them identify patients' home language.

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 carers and the practice was taking action to increase the number of people on the register to 10% of the practice list in line with the 2011 population census findings. Carers were being supported by being told about their entitlement to a Carers Assessment by social services and by being given the practice's carers guide which signposted them to other sources of support, for example the local carers centre and branches of MIND, Age Concern, Alzheimer's Society and Citizens Advice Bureau.

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 around antibiotic prescribing.

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

- There were longer appointments for people with long term conditions and those aged over 75 years of age.
- There were facilities for disabled people although no hearing loop. Translation services were available including British Sign Language.
- The practice provided in house diagnostics enabling people to access these services without having to go to hospital.
- The practice prided itself on providing services for vulnerable people, for example it had registered Afghan interpreters and their families who had resettled in the UK as refugees.
- Arrangements were in place so that people who had no fixed abode could register with the practice.
- The practice was contracted to provide enhanced levels of service provision for people with learning disabilities and to facilitate timely diagnosis and support for people with dementia. Patients identified at risk of dementia had been identified and invited for memory assessment.
- There was a dedicated care coordinator who facilitated regular health reviews and identified frail older people as part of an enhanced service to reduce avoidable unplanned admission to hospital. Care plans for these patients and for palliative care patients were discussed by the whole clinical staff practice at the weekly practice meetings. There was close working with the community matrons and other health and social care professionals, including district nurses.
- Residential and nursing homes under the practice's care each had a named GP to provide continuity for the staff and people's families.
- Carers were being identified proactively to bring the number up to 10% of the practice population in line with the 2011 population census findings.
- There were nurse led clinics for chronic obstructive pulmonary disease (COPD), asthma and diabetes, and the practice worked closely with the locality COPD and heart failure nurses.
- Maternity services provided by the practice included antenatal and postnatal checks. There was close working with the health visitors and with services that supported vulnerable families when necessary. There was a monthly joint paediatric clinic with an experienced paediatric registrar to provide 30 minute appointments for children and adolescents that required an expert paediatric opinion.
- In addition to extended hours appointments there were telephone consultations and email access, online bookable appointments and an electronic prescribing service (EPS), and the over 40s health check to meet the needs of working age people.
- A depression register was maintained to ensure these patients had regular reviews.

Access to the service

The practice was open between 8.15am and 8.00pm on Mondays and Tuesdays, when the practice offered an extended hours surgery; and between 8.15am and 6.30pm Wednesday to Friday. Appointments were available between 8.15am and 11.45 and between 4.00pm and 8.00pm on Mondays and Tuesdays. On Wednesday to Friday appointments were available between 8.15am and 11.45am, and 4.00pm and 6.30pm. Bookable appointments were available up to four weeks in advance, home visits were available for patients who would not otherwise be able to access services and there were urgent access appointments for those who needed them. There was a duty doctor every day who triaged patients to identify those who needed a home visit or to be seen urgently.

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:

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 63% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 54% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.
- 45% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%. The practice recognised this was an area for improvement and had introduced a 0203 number to run alongside the 0844 number. The practice had also introduced online appointment booking. Few patients we spoke with were aware they could book appointments online however.

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 a lead GP for complaints.

We saw that information was available to help patients understand the complaints system. There was a poster in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint, but had not had occasion to complain.

We looked at seven complaints received in the last 12 months and found they were dealt with in a thorough, open and timely way. Where possible, the practice took action to prevent the complainant experiencing the same problems again, and looked to learn from complaints to improve the service more widely.

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 aims included:

- To provide good quality primary care services delivered in a clean, comfortable, well equipped and safe environment.
- The provision of a high standard of medical care for our patients which is accessible and meets our patients' needs.
- To encourage prevention of disease and promote health and wellbeing through advice and by working in partnership with patients.
- To provide a minor surgery service for our registered patients.
- To ensure efficient use of NHS resources whilst providing clinically appropriate access to NHS services such as secondary care referrals, investigations and specialised treatments.
- To improve our service by continual evaluation of our performance and by responding to patient feedback.
- For staff members to be courteous and treat service users with respect and dignity.
- For all staff members to act with integrity and to preserve patient confidentiality.
- To show respect for diversity and the provision of equitable healthcare to all our service users.
- To ensure that all members of staff have the right skills and training to be able to perform their duties appropriately.
- To have zero tolerance for all forms of abuse and harassment.

These aims were set out in the provider's Statement of Purpose and clinical and non-clinical staff we spoke with demonstrated a clear commitment to these aims when telling us about their work. They provided many examples of the ways in which they were meeting these aims, and about the ways in which they monitored and were always trying to improve the services they provided to patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the aims and good quality care. The framework ensured:

- There were clear lines of accountability and a clear staffing structure. For example there were lead GPs for clinical governance, significant events, medicines management, QOF, information governance, safeguarding, GP training, minor surgery, learning disability, mental health and complaints. Practice staff were supported to carry out their roles and responsibilities.
- Policies and protocols provided detailed guidance and instruction and were available to all staff and were implemented.
- The partnership had a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks and issues, and for implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care and encouraged a culture of openness and honesty. They were visible in the practice and staff told us they were approachable, supportive and would be receptive to any concerns or difficulties they had. Staff felt respected and valued, and recognised for the role they played in delivering services to patients. They were looking forward to a social event organised for trainees and a member of staff leaving the practice later in September.

There were weekly practice meetings attended by all the clinical staff, the practice manager and the assistant practice manager. Minutes showed these meetings were an effective means of sharing learning and information enabling the practice team to work together to respond to individual patients' and families' needs, improve outcomes for its patients as a whole, and to keep abreast with changes in the way local hospital and community health services are organised and local and national guidelines about best practice.

The practice was an accredited GP Training practice and had three qualified doctors training to specialise in General Practice attached to it at the time of our visit. Three of the four partners were approved trainers and one of these was one of the Vocational Training Scheme (VTS) programme

Are services well-led?

Good 

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

directors in Barnet. The GPs in training rated the training practice highly, saying their learning and education was well supported with longer appointment times, debriefings after every surgery, regular tutorials, and access to continuing professional development courses. The practice patient survey in 2014 showed most respondents were aware the practice was a training and teaching practice accommodating registrars and students, and were happy to have a registrar or student present at their consultation.

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. The practice gathered feedback from patients through practice surveys, most recently in 2014, complaints, reviews posted on the NHS Choices website and the NHS Friends and Family Test. The practice had made a point of recruiting patients who had not had a good experience of the service to the patient participation group (PPG). The PPG was involved in prioritising areas for improvement for the practice, for example booking appointments, and the practice had in response had made online appointments

available. The practice provided feedback to patients about action it had taken in response to concerns, for example about the practice telephone number, prescriptions, and the appointment system in 2013. The PPG report on the practice's website reported a new 0203 number and a text messaging service had reduced concerns about phoning the practice and reduced the number of wasted appointments to an all-time low.

The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt 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 team was forward thinking and had taken part in a pilot scheme in 2014-15 to improve patients' access to diagnostic tests in the locality. The CCG was currently reviewing its commissioning arrangements for GP diagnostic services.