St Andrews Medical Practice

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	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?	Outstanding

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St. Andrew's Medical Practice on 23 June 2016. Overall the practice is rated as good.

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

- The practice had strong clinical leadership, managerial leadership and governance arrangements. For example, a
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, one of the partner GPs developed a cross borough, multi-professional learning group which was often hosted at the practice. The group was comprised of local GPs, secondary care consultants, pharmacists, social workers, nurses and health care support workers.
- Feedback from patients about their care was consistently positive. For example, all of the practice's national patient survey respondents (113 patients) scored the nursing team at 90% or more regarding all aspects of care and treatment. For example, 100% fedback that they had confidence in the last nurse they saw and 92% fed back that they felt involved in decisions about their care and treatment. The nursing team spoke positively about how educating and involving patients in their care and treatment decisions had positively impacted on patient outcomes in areas such as weight management and blood pressure management.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice routinely

Summary of findings

undertook outreach with local community groups which had enabled it to host several drop-in and referral based services covering dementia support, social services and carer support.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had acted on a Patient Participation Group (PPG) group suggestion for a mobile telephone contact number for priority patients/carers to contact the practice/named GP in an emergency.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed; and also made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.

We saw several areas of outstanding practice including:

- The practice provided a mobile telephone number to enable priority patients to contact the practice/ named GP in an emergency. This was seen as particularly important for non-verbal patients as it allowed messages to be texted to the practice. the enhanced by promptlysotherefore
- One of the partner GPs developed a cross borough multi-professional collaborative learning group hosted at the practice. The group was comprised of local GPs, hospital consultants, pharmacists, social workers, nurses and health care support workers. Clinicians from St Andrew's Medical practice spoke positively about how the learning group broadened clinical knowledge and positively impacted on care and treatment in areas such as heart disease management.

However there were areas of practice where the provider should make improvements:

- Consider documenting its five year strategy so as to further promote its community outreach approach amongst local people and third sector stakeholders.

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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. This included external speaker presentations and cross borough Collaborative Learning Groups.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally. For example, the practice had achieved 96% 2014/15 QOF performance for asthma (with 4% exception reporting) and 96% for mental health indicators (with 2% exception reporting).
- Where performance was below local or national averages, we saw evidence of how the practice was taking action to bring about the necessary improvements in patient outcomes.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national patient survey showed patients rated the practice higher than others for several aspects of care. For example, all of the 113 patients surveyed had scored their experience of the nursing team at 90% or more on all aspects of care. All of the respondents had fed back that they had confidence in the last nurse they saw.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as outstanding for providing responsive services.

- The involvement of other organisations and the local community was integral to how

  services were planned and ensured that services met people's needs. For example, The practice routinely undertook community outreach with local community groups which had enabled it to host weekly services such as a weekly drop-in dementia advisory service delivered by a local dementia support organisation, a weekly social care service drop in service provided by Barnet Social Services and a weekly visit from a local carers group to disseminate information about local services and tackle social isolation.
- 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, alternate Saturday morning 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.

Are services well-led?

Outstanding

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

Summary of findings

- The practice had strong clinical leadership, managerial leadership and governance arrangements. For example, we saw that a systematic approach was taken to working with other organisations to tackle health inequalities. We also noted that innovative approaches were used to gather feedback from patients and that leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed.
- The practice had a clear and proactive approach to seeking out and embedding new ways of providing care and treatment. For example, one of the partner GPs had developed a cross borough, multi-professional collaborative learning group hosted at the practice. The group was comprised of local GPs, hospital consultants, pharmacists, social workers, nurses and health care support workers; and discussed a variety of topics and scenarios based on real life patient experiences, using a number of different learning styles such as quizzes, cases, role-play and group discussion.
- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff who spoke of a high level of staff satisfaction amongst staff teams. They were proud of the organisation as a place to work and spoke highly of the culture.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A register of patients was maintained and all patients on the register had a care plan and had been given a direct phone number to a named GP.
- Records showed that patients who had required hospital admission were discussed at weekly multidisciplinary team meetings.
- The practice had identified a named GP to undertake weekly visits to residents in a nearby Care Home for the elderly. A team including the named GP and nurses also visited the home once a year for an annual review and flu vaccinations.
- The practice had supported its PPG in developing coffee mornings to tackle isolation and promote local services amongst older people.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August 2014 - 31 March 2015 was 93% (compared to the respective 92% and 94% 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.

Summary of findings

- The practice hosted a regular cross borough Collaborative Learning Group involving GPs, nurses, pharmacists, social workers and other health care related professionals. Clinicians at the practice spoke positively about the group and about how it had developed their knowledge base.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 78% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared with 82% nationally.
- Appointments were available outside of school hours such as pre and post-school appointments, evening and weekend appointments.
- The practice offered any child under 5 years a same day appointment if requested by their parent or guardian.
- The premises were suitable for children and babies.
- When we spoke with the practice's health visitor, they spoke positively about joint working and the practice's proactive approach to information sharing. We noted that they delivered weekly sessions from the practice. Records showed that they also held regular case management meetings with clinicians.

Working age people (including those recently retired and students)

Good

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

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

Summary of findings

- For example, in order to facilitate access the practice provided urgent and routine pre-bookable telephone appointments, evening and Saturday routine appointments and on-line access to records, prescription requests and appointments. The practice's website contained signposting links to enable self-care if appropriate.

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had acted on a patient participation group suggestion and introduced a 'GP only' appointment slot that was available to book for 'priority patients' that are receiving palliative care or vulnerable, so as to help with continuity of care with their named GP.
- The group also suggested a mobile telephone number available for priority patients/carers to contact the practice/ named GP in an emergency or for patients that due to their medical condition are non-verbal but need to text a message to the practice.
- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice hosted a weekly Social Services 'drop-in session' to provide advice and support to vulnerable people, their families and carers.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the 84% national average.
- The practice had a mental health register and offered all patients on the list an annual review with their doctor.
- 92% 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.
- The practice worked closely with third sector mental health care providers and also funded a part time in-house counsellor.
- The practice offered a weekly drop-in session with a trained Dementia Advisor.
- 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. This contains aggregated data collected from January-March 2015 and July-September 2015. The results showed the practice was performing in line with local and national averages. We noted that 235 survey forms were distributed and 113 were returned. This represented just over 1% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone which was equal to the national average.
- 88% 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%.
- 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% 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 36 comment cards which were all positive about the standard of care received; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We also spoke two patient participation group members during the inspection who fed back that they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Consider documenting its five year strategy so as to further promote its community outreach approach amongst local people and third sector stakeholders.

St Andrews Medical 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 a GP specialist adviser.

Background to St Andrews Medical Practice

St Andrew's Medical Practice is located in Whetstone, London Borough of Barnet, North London. The practice has a patient list of approximately 10,200 patients. Twenty two 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 practice records showed that 3% 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 personal medical services contract with NHS England.

The staff team comprises five partner GPs (four female, one male providing 28 sessions per week), four salaried GPs (two male, two female providing 19 sessions per week), one female nurse prescriber (6 sessions per week), two female practice nurses (12 sessions per week), a female practice nurse trainee, a female health care support worker, a practice manager and administrative/reception staff.

The practice's opening hours are:

- Monday-Friday: 8:30am -1pm and 2pm-6.30pm

The practice offered extended hours opening at the following times:

- Alternate Saturday mornings: 8am - 12pm

Appointments are available at the following times:

- Monday - Tuesday: 8:30am-11am and 2pm-6pm
- Wednesday –Friday: 8:30am-11am and 4pm-6pm
- Alternate Saturday mornings: 8am - 12pm

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; Treatment of disease, disorder or injury; and Surgical procedures.

St Andrew's Medical Practice is a training practice. This means that each year, the practice provides clinical supervision to two or three final year trainee GPs.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This location had not been inspected before.

Detailed findings

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 23 June 2016.

During our visit we:

- Spoke with a range of staff (including partner GPs, the practice manager, practice nurse prescriber, practice nurse, a health visitor who provided a weekly clinic at the practice and receptionists) and also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- There had been nine significant events reported since February 2016 for each of which, the practice had carried out a thorough analysis.

For example, in June 2015, a member of the public came into the practice alerting staff that someone had collapsed in the street. Staff went to the scene with the practice's medical emergency bag but this did not contain blood monitoring equipment. It also transpired that the person requiring assistance was some distance from the practice. The person was successfully treated but following a significant event analysis, blood monitoring equipment was added to the practice's emergency bag. This was confirmed during our inspection.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and practice nurses to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken in March 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, we noted that the practice's sharps containers were signed and specified their date of assembly.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Records showed that 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.
- For example, before our inspection, 2014/15 prescribing data indicated that the practice's prescribing of Cephalosporin and Quinolone antibiotics was higher than local and national averages.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the

practice to allow the practice nurse to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice hosted a regular cross borough Collaborative Learning Group involving GPs, nurses, pharmacists, social workers and other health care related professionals. Clinicians at the practice spoke positively about the group and about how it had developed their knowledge base.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% 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 80% which was below the national average of 89%
- Performance for mental health related indicators was 96% which was better than the national average of 93%.

The practice was aware of its performance and had developed an action plan to improve patient outcomes. For diabetic care, we noted that the practice planned to introduce a weekly multi-disciplinary diabetes clinic led by a GP and supported by practice nurse and health care support worker. We also noted that the practice planned to improve systems for opportunistic foot checks with the aim of improving overall performance on diabetes indicators. The priority for patients experiencing poor mental health was to continue to engage patients and ensure that they had their annual reviews.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed within the last 18 months; all 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 December 2015, the practice began an audit of patients with asthma who were overusing salbutamol inhalers. This was triggered by the National Audit of Asthma Deaths in 2014 which showed that the death rate from acute asthma in the UK had not significantly improved over the past 20 years. The national audit also highlighted that the overuse of salbutamol was one of the warning signs for patients who were at higher risk.

The audit identified 18 patients using ten or more Short-acting beta agonists (SABA) inhalers per year (which act rapidly to temporarily relieve asthmatic symptoms) and invited them in for review because their asthma may be poorly controlled.

Ten patients made contact of which seven had a full asthma review with self- management plans.

The practice also made a number of changes including educating registrars and clinicians on inhaler technique and self-management plans; and also changing the number of salbutamol inhalers most patients got on repeat prescription to one (and writing on the repeat prescription that if they are using their inhaler more than three times in one week, they needed to come in for a review). A June 2016 reaudit showed that the number of patients meeting the inhaler usage review criteria had reduced from eighteen to four patients.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Staff spoke positively about close working relationships with secondary care specialists and we were told that they routinely used their expertise for advice about patients and clinical updates. For example, the practice nurse prescriber told us that a recent presentation from a consultant in respiratory medicine had provided updates on 2016 lung disease guidelines.

Meetings took place with other health care professionals on a regular basis when 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its

Good

Are services effective?

(for example, treatment is effective)

patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, latest childhood immunisation rates provided by the practice for the vaccinations given to under two year olds ranged from 89% to 91% and five year olds from 89% to 90%.

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. For example, we noted that 58% of patients aged 60-69 had been screened for bowel cancer within six months of invitation compared with the 48% CCG average. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

When we asked a receptionist how they ensured that all patients were treated with dignity and respect, they spoke positively about a recent Asperger Syndrome awareness course they had attended. They told us that the course had raised their awareness about how people with this condition might find social interaction, noise or bright lights uncomfortable; and stressed the importance of recognising each patient's individual needs.

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

- 90% 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%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and national averages of 95%)
- 86% 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%.
- 97% 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%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 89% 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%.
- 85% 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%.
- Respondents scored the nursing team at 90% or more for all aspects of care with 100% feeding back that they had confidence in the last nurse they saw.

Patients we spoke with on the day of the inspection agreed with this feedback. They 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

Good

Are services caring?

choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views; particularly regarding nursing staff.

The nursing team showed us evidence of how their collaborative approach with patients had helped patients to make informed decisions about their care, which in turn positively impacted on improved patient outcomes in weight loss and blood pressure management.

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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 287 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of third sector support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

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 offered alternate Saturday morning appointments for working patients or others who could not attend during normal opening hours.
- 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.
- 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.
- There were disabled facilities, a hearing loop and interpreting services available.
- The practice could accommodate gender specific GP consultation requests.
- On line appointment booking and repeat prescription facilities were available.
- The building was served by a lift and was accessible to wheelchair users.

We also noted that the practice had acted on a Patient Participation Group (PPG) group suggestion for a mobile telephone number to enable priority patients/carers to contact the practice/named GP in an emergency. This was seen as particularly important for patients who, due to their medical condition, were non-verbal as it allowed messages to be texted to the practice.

GPs also mentioned that the service had enhanced the care provided to a palliative patient by allowing the practice to promptly respond to home visit requests during the final months of their life and therefore enabling the patient to stay at home for longer before being admitted to a hospice in the final days of their life.

In addition, the practice routinely undertook community outreach with local community groups. This had enabled it to develop services such as a weekly drop-in dementia advisory service delivered by a local dementia support organisation, a weekly social care service drop in service run by Barnet Social Services, a weekly visit from a local carers group to disseminate information about local services and also the establishment of regular coffee mornings for patients, which aimed to tackle social isolation.

Access to the service

The practice's opening hours were:

- Monday-Friday: 8:30am -1pm and 2pm-6.30pm

The practice offered extended hours opening at the following times:

- Alternate Saturday mornings: 8am - 12pm

Appointments are available at the following times:

- Monday - Tuesday: 8:30am-11am and 2pm-6pm
- Wednesday –Friday: 8:30am-11am and 4pm-6pm
- Alternate Saturday mornings: 8am - 12pm

Outside of these times, cover was 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 comparable to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 73% of patients said they could get through easily to the practice by phone which was equal to the national average.

We saw evidence that the practice had discussed and acted on other aspects of the national GP survey which were below local and national averages. For example, the survey highlighted that only 40% of respondents got to see their preferred GP. Although the practice reflected that during the survey period two GPs were respectively on maternity and long term sick leave, it also undertook an audit of unused appointments. This showed that between November 2015 and May 2016 urgent afternoon appointments routinely went unused.

Good

Are services responsive to people's needs?

(for example, to feedback?)

At the time of our inspection, the practice had recently withdrawn urgent afternoon appointments and replaced them with additional routine appointments, so as to increase the likelihood of patients seeing their preferred GP.

We also noted that the practice had recently introduced Saturday morning appointments to improve access.

People told us that they were able to get appointments when they needed them and on the day of our inspection we looked at appointment availability and saw that a same day urgent appointment was available. The next available routine appointment was the following afternoon.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP responsible for home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

Twenty complaints had been received since April 2015 and we 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 a complaint about an inadequate cervical screening test result which needed to be repeated, the practice had amended its protocols on the best time during the menstrual cycle for the test to be undertaken. Shortly after our inspection we were sent confirming evidence that the practice undertook an annual complaints review to identify themes and learning points from the complaints received in the previous 12 months.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

- The practice had a clear vision to continue the practice of medicine in the traditional manner and maintain a close doctor/patient relationship. When we spoke with staff they knew and understood these values.
- Staff across the organisation also spoke of a five year strategy to improve local health inequality which focused on placing patients at the centre of the practice's work and on placing the practice at the centre of the local community. The strategy was not documented but we saw several examples of how the practice was working to deliver its strategy. For example, the practice had adopted a systematic approach to working with other organisations (such as dementia support and carers organisations) so as to improve care outcomes and tackle local health inequalities.

Governance arrangements

The practice had strong clinical leadership, managerial leadership and governance arrangements, which supported the delivery of the strategy and good quality care and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A systematic approach was taken to working with other organisations, so as to tackle health inequalities.
- Governance and performance management arrangements were proactively reviewed and reflected best practice.
- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

Leadership and culture

Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed.

For example, on the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us they were proud of the organisation as a place to work.
- 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.
- They said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- For example, receptionists spoke positively about how a suggestion to improve the administration of repeat prescriptions had been considered and then agreed by the partner GPs. They also spoke of an inclusive working culture.

Are services well-led?

Outstanding ☆

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

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, coffee mornings had recently been introduced to tackle the social isolation experienced by some patients and enable access to local support organisations. Also, during the week of the practice's annual flu clinic, PPG members were available in reception to direct patients to the appropriate clinical room for their vaccination.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, one of the partner GPs developed a cross borough multi-professional collaborative learning group hosted on rotation 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. Records showed that recent topics had included adult safeguarding and heart failure.

We also noted that the group had enabled four new partners from different local surgeries to form a network to support each other in their early years as new partners in general practice. A newly appointed GP partner at St. Andrew's Medical Practice spoke positively about how the network had helped improve their management and leadership skills.