

Jai Medical Centre - Hendon

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jai Medical Centre – Hendon on 28 April 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected at Jai Medical Centre – Hendon were as follows:

- Risks to patients were assessed and well managed with the exception of those relating to systems for recalling patients with long term conditions.
- Improvements were made to the quality of care as a result of complaints but filing systems were not well organised and learning from complaints was not well documented.
- Data showed that some patient outcomes were below the national average.
- The outcomes of people's care and treatment was not being monitored regularly or robustly.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses although meetings where learning took place on an ad hoc basis and were not always minuted.
- We noted that the practice's national GP patient survey included patient satisfaction scores for another surgery. It was therefore unclear how the survey results could be used to improve patients' experience of care and treatment.
- 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.
- We saw evidence that clinical audits were being used to drive improvements to patient outcomes.

The areas where the provider must make improvements are:

Summary of findings

- Ensure there are processes for identifying where improvements in clinical care can be made and monitored. For example, systems for robustly monitoring child immunisations and cervical screening uptake.
- Review its processes for identifying, receiving, recording, handling and responding to complaints.
- Ensure that systems are put in place to ensure that patients' feedback on their experience of care and treatment is collated at practice level and used to improve the service.

In addition the provider should:

- Investigate safety incidents thoroughly, including ensuring that staff learning is shared and documented.
- Review systems in place for identifying and supporting carers.
- Introduce a system to monitor use of prescription pads.

- Ensure that regular, minuted meetings take place, to reflect on learning, monitor performance and agree activity to improve patient outcomes.
- Review the accessibility of the building's entrance.
 - Ensure that GP national patient survey is collated at practice level, so as to ensure that survey results can be used to improve the service.

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

The national GP patient survey results referred to in this report also include patient satisfaction scores for the provider's Edgware surgery (114 Edgwarebury Lane, Edgware, Middlesex. HA8 8NB) from where it also delivers Regulated Activities.

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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses, although meetings where learning was shared were not always minuted.
- 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. For example regarding infection prevention, fire safety and staff pre-employment checks.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements must be made.

Requires improvement



- The provider used QOF to monitor its performance but data we were shown also included one of the provider's other practices, based in Edgware. It was therefore unclear how it was being used to monitor patient outcomes. When we were provided with practice specific data for Jai Medical Centre Hendon, we noted that several patient outcomes were below local and CCG averages. For example, unverified and unpublished data provided by the practice (as of 31 March 2016) showed that its performance on annual asthma reviews and annual COPD reviews were below the local and national published averages for 2014/15.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

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

Requires improvement



Summary of findings

- The practice's national GP patient survey results also included patient satisfaction scores for another surgery based in Edgware. It was therefore unclear how the survey results could be used to improve patients' experience of care and treatment.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Complaints management was not well organised. For example, on the day of the inspection, some of the practice's responses to specific complaints could not be located and the practice was not analysing complaints trends.
- 10 of the 40 patient comment cards we received were negative regarding appointments access although records showed that a telephone audit had recently taken place and that the results were being used to improve access.
- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of a CCG led network of local practices which undertook patient centred assessments for older people.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led.

- Governance arrangements did not always operate effectively. For example the practice did not always act in accordance with its policies (such as its complaints policy which required that all written complaints receive an acknowledgement letter).
- The provider did not have a comprehensive understanding of the performance of the practice.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The GPs encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was part of a CCG led network of local practices which undertook patient centred assessments for older people. The practice's GP's spoke positively about how the network supported care for older people through, for example, proactive falls management (which advised people on their home environment rather than intervening after a fall).

Requires improvement



People with long term conditions

The provider was rated as requires improvement for the care of people with long term conditions; and was rated as requires improvement for effective, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The outcome of people's care and treatment was not monitored robustly. QOF data collected by the practice was combined with data from another practice. It was therefore unclear how the data was being used to monitor patient outcomes at either surgery.
- Unverified data provided by the practice showed that 61% of patients with diabetes had a blood pressure reading of or 140/80 or less compared with the respective CCG and national averages of 76% and 78%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- 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.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Unverified immunisation data provided by the practice showed that rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- On the day of our inspection, the practice's unverified uptake for its cervical screening programme was 59%, which was below the CCG average of 79% and the national average of 82%. When we raised this with the provider, they took immediate action to improve performance and shortly after our inspection we were sent unverified data which indicated that uptake had increased to 71%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- Patients from this population group spoke positively about how care and treatment was delivered.

Requires improvement



Working age people (including those recently retired and students)

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

Requires improvement



Summary of findings

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

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

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

- Unverified data provided by the practice showed that 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.

Requires improvement



Summary of findings

- Unverified data provided by the practice showed that 76% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the previous 12 months 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 carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. We noted that 347 survey forms were distributed and 114 were returned. This represented less than 1% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% 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%.
- 67% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 52% 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 forty comment cards about the standard of care received. Most patients fed back that they were satisfied with the care they received and thought staff were approachable, committed and caring. However, ten patients fed back concerns about accessing appointments.

We spoke with two patients during the inspection who were satisfied with the care they received and thought staff were approachable, committed and caring. However, they also expressed concern regarding appointments access.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are processes for identifying where improvements in clinical care can be made and monitored. For example, systems for robustly monitoring child immunisations and cervical screening uptake.
- Review its processes for identifying, receiving, recording, handling and responding to complaints.
- Ensure that systems are put in place to ensure that patients' feedback on their experience of care and treatment is collated at practice level and used to improve the service.

Action the service **SHOULD** take to improve

- Investigate safety incidents thoroughly, including ensuring that staff learning is shared and documented.
- Review systems in place for identifying and supporting carers.
- Introduce a system to monitor use of prescription pads.
- Ensure that regular, minuted meetings take place, to reflect on learning, monitor performance and agree activity to improve patient outcomes.
- Review the accessibility of the building's entrance.
- Ensure that GP national patient survey is collated at practice level, so as to ensure that survey results can be used to improve the service.

Jai Medical Centre - Hendon

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Jai Medical Centre - Hendon

Jai Medical Centre –Hendon is located in the London Borough of Barnet, North London. The practice has a patient list of approximately 5,000 patients. Fifteen 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 five percent of patients have a long-standing health condition and practice records showed that less than 2% of its practice list had been identified as carers.

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

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

The staff team comprises five GPs (two male, three female providing a combined 24 sessions per week), one female

practice nurse (6 sessions), one female health care assistant (9 sessions), a reception manager and administrative/reception staff. Management support is provided by a principal GP and a general manager.

The practice's opening hours are:

- Monday to Friday: 9:00am-1pm and 4pm- 6:30pm

Appointments are available at the following times:

- Monday - Friday: 9:00am – 12pm and 4:00pm – 6:00pm

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

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

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

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.

Jai Medical Centre - Hendon was inspected under the previous CQC inspection regime. At an inspection in September 2013, we found that the provider was non-compliant with standards relating to the management of medicines. When we re-inspected in February 2014, we

Detailed findings

found improvements had been made such that the provider was meeting the regulations in force at that time (Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

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 28 April 2016.

During our visit we:

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- 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.
- An external company had delivered training on the importance of significant events reporting in improving and maintaining patient safety.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident whereby a vaccine was administered at the incorrect interval schedule, the practice had rearranged child immunisations appointments so that they took place on a specific morning.

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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored although the practice had not adopted a system to monitor and audit their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, regarding latest NICE guidance on cancer referrals.

Management, monitoring and improving outcomes for people

We could not be assured that the outcome of people's care and treatment was being monitored robustly. For example, 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.

However, we noted that this performance included data relating to the provider's Edgware surgery. The most recent published QOF results (2014/15) showed that the combined practices had achieved 96% of the total number of points available with 5% exception reporting (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. Latest published data (2014/15) showed:

- Performance for diabetes related indicators was 87% which was below the 89% national average.
- Performance for mental health related indicators ranged from 90% which was below the 93% national average.

Shortly after our inspection the provider sent us unverified 2015/16 QOF data specifically for Jai Medical Centre Hendon. We noted that several patient outcomes were below local and CCG averages. For example, the percentage of patients with diabetes with a record of a foot examination within the preceding 12 months was 77% compared with the 88.3% national average. We

also noted that the percentage of patients with chronic obstructive pulmonary disease who had had an annual review within the last 12 months was 59% compared with the 89.8% national average. The provider was unaware of this performance because practice specific data had not previously been monitored.

We also looked at the practice's systems for recalling patients with long term conditions such as dementia and hypertension. The practice told us that it used a repeat prescription led approach which required the patient to make contact to arrange an appointment but our concern was that patients experiencing poor mental health or those struggling to control their condition might not contact the practice. The provider told us that they would review their patient recall system to ensure a more patient centred approach.

We looked at clinical auditing systems. There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.

For example, in March 2016, an audit had been undertaken of patients being prescribed drug X, because of documented concerns regarding death from a relatively low overdose level. The audit highlighted five patients as being prescribed the drug. The medication was removed from their prescription and an alternative was offered. We noted that when the audit was repeated in April 2016, the number of patients being prescribed the drug had reduced to nil.

However, although the audit had recommended that the finding be shared at a clinical meeting, we did not see evidence that this had taken place. We noted that clinical meetings took place on an ad hoc basis and that minutes lacked sufficient detail.

Effective staffing

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

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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition. 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.

On the day of our inspection, the provider was initially only able to provide a combined uptake rate of 73% for its cervical screening programme. The provider then calculated the practice specific uptake which, at 59%, was below the latest CCG average of 80% and the national average of 82%.

Following our inspection the practice sent us an update on action it had taken to improve its uptake rates. This included providing leaflets in local community languages, the introduction of an appointment booking protocol to support staff contacting patients and opportunistic screening, whereby patients visiting a doctor were offered a screening appointment that day with the practice nurse.

Shortly after our inspection, we were sent uptake data which indicated that the practice's performance was 71% and advised that the originally cited performance of 59% was incorrect.

Are services effective?

(for example, treatment is effective)

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

On the day of our inspection, the practice was initially unable to provide us with practice specific details of childhood immunisation rates. This information was sent to use after our inspection and we noted that performance

was comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 84% and five year olds was 83%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 40 patient Care Quality Commission comment cards we received were positive about the kindness of staff. Patients said they felt the practice offered an excellent service and that staff were helpful, caring and treated them with dignity and respect.

We noted that the practice's national GP patient survey results included patient feedback relating to another location: Jai Medical Centre Edgware, 114 Edgwarebury Lane, Edgware, Middlesex. HA8 8NB. It was therefore unclear how the survey results could be used to improve the service.

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

- 85% 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%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages 95%.

- 76% 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%.
- 77% 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%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

In the absence of separate patient satisfaction scores for Jai Medical Centre Hendon, we discussed these scores with the two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected but also expressed occasional concern at the helpfulness of some reception staff. Comment cards fed back that all staff responded compassionately when they needed help and provided support when required.

Care planning and involvement in decisions about care and treatment

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

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

- 74% 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%.
- 68% 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%.
- 65% 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%.

Are services caring?

We did not see evidence that the practice had reviewed these satisfaction scores and used this feedback to improve the service.

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.
- Staff spoke a range of languages spoken in the community.

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 fifty seven patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with Barnet Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was part of a CCG led network of local practices which undertook patient centred assessments for older people. Staff spoke positively about how the network supported care for this population group through, for example, proactive falls management (which advised people on their home environment and early advice) rather than intervention after a fall.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Interpreting services were available.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were some disabled facilities such as a hearing loop but we noted that the building's entrance was not equipped with grab rails.

Access to the service

The practice's opening hours are:

- Monday to Friday: 9:00am-1pm and 4pm- 6:30pm

Appointments are available at the following times:

- Monday - Friday: 9:00am – 12pm and 4:00pm – 6:00pm

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

We noted that practice's national GP patient survey results included patient feedback relating to another location: Jai Medical Centre Edgware, 114 Edgwarebury Lane, Edgware, Middlesex. HA8 8NB.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 57% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We also noted that 10 of the 40 patient comment cards we received were negative regarding appointments access.

We asked the provider what they had done to improve phone access. They showed us a telephone audit that had taken place between January - March 2016. The audit highlighted that the busiest period was between 11am and 4pm and that subsequently, the practice planned to develop options with its patient participation group to improve access at these times. The options being considered included call handling from one location with more staff at peak times and the introduction of caller options to speed up the appointments process when people phoned the practice.

People told us on the day of the inspection that they were able to get appointments when they needed them; particularly same day appointments for infants and young children. On the day of our inspection (Thursday 28 April 2016), we looked at appointment availability on the practice's clinical system and saw that a same day urgent appointment was available. The next available routine appointment was the following Monday.

The practice had a system in place to assess:

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

We saw that systems were in place to ensure that there was a GP on call to telephone all patients to assess urgency prior to visiting. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. We noted that the system had recently been reviewed following a NHS England patient safety alert on triaging GP home visits.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system including posters, reception TV information and a patient information leaflet.

We looked at the provider's complaints folder and noted that it contained complaints received for three different surgeries. We looked at the provider's complaints folder and noted that 18 complaints had been received since April

2015. We noted that two complaints were not listed on the practice's complaints log and that one complainant had been sent an undated acknowledgment letter and no further correspondence. This was not in accordance with legislation or with the provider's own complaints policy.

We also noted that the practice was not analysing complaints trends and actions taken as a result to improve the quality of care. We were told that learning from complaints took place at staff team meetings but the learning was not documented in the complaints folder and we also noted that these meetings were not routinely minuted. We could not be assured that the operation of the practice's complaints policy facilitated opportunities for learning.

Shortly after our inspection, we were advised that all the complainants in the log had been contacted and that a 'lessons learned' section had also been added.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice's statement of purpose aimed to deliver safe, high quality and effective general medical services. Staff knew and understood their role in delivering care and we noted that the practice had a mission statement which was displayed in the waiting area.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. For example:

- The outcomes of people's care and treatment was not always monitored regularly or
Robustly (for example regarding recall arrangements for patients with long term conditions).
- The practice did not always act in accordance with its policies (such as its complaints policy which required that all written complaints receive an acknowledgement letter).
- We noted that staff meetings took place on an ad hoc basis and were infrequently minuted. This hindered risk management and the sharing of learning from significant events and complaints.

We also noted that:

- 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 infection prevention and control risks.
- Where we highlighted limited systems in place to enable a comprehensive understanding of the QOF performance of the practice, the provider took prompt action to improve its systems and obtain the necessary performance data.

Leadership and culture

The principal GP and general manager told us they prioritised safe, high quality and compassionate care. Staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The principal GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment affected people were given reasonable support, truthful information and a verbal or written apology, although we noted concerns regarding complaints management.

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice held an annual fundraising social event.
- Staff told us the practice held team meetings although these were not routinely minuted.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. Staff were involved in discussions about how to run and develop the practice, and principal GP and general manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG). The PPG met regularly and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we were told that a 'well women' clinic had been introduced at their request. However, we noted that national GP patient survey data was not collected at practice level so it was unclear how this information could be acted upon.
- The practice had gathered feedback from staff through appraisals and discussion. Staff told us they would not

Are services well-led?

Requires improvement



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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to

improve outcomes for patients in the area. For example, the practice was part of a CCG led network of local practices which undertook patient centred assessments for older people. Staff spoke positively about how the network supported care for this population group through, for example, proactive falls management (which advised people on their home environment and early advice) rather than intervention after a fall.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by:</p> <ul style="list-style-type: none">Failing to ensure that the outcomes of people's care and treatment were regularly monitored. For example, regarding a lack of systems in place to regularly monitor child immunisations and cervical screening uptake. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Receiving and acting on complaints</p> <p>How the regulation was not being met:</p>

Requirement notices

The provider did not operate an effective system for identifying, receiving, recording, handing and responding to complaints by service users by:

- Failing to ensure that complaints were acknowledged or acted upon; and that complaints trends were identified and acted upon.

This was in breach of regulation 16(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance

How the regulation was not being met:

The provider did not have effective systems in place to assess, monitor or improve the quality of the services provided by:

- Failing to ensure that systems were in place to ensure that feedback on patients' experience of care and treatment was collated at practice level and used to improve the service.

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