Dr Safderali Lalji Datoo

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

Summary of findings

Contents

Overall summary

We carried out an announced comprehensive inspection at Dr Safderali Lalji Datoo (also known as Watford Way Medical Centre) on Wednesday 26 August 2015.

Overall the practice is rated as inadequate.

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

- The practice did not have a systematic approach to identifying risks, assessing the extent and probable impact of the risks, and putting in place effective control measures to maintain and improve patient safety.
- Some risks to patients were not well managed including risks associated with cross-infection, fire, Control of substances hazardous to health (COSHH) and medical emergencies.
- There was no clinical audit programme to monitor quality and systems to identify where action should be taken.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- Urgent appointments were available on the day they were requested and patients were usually seen within 48 hours of requesting a routine appointment.
- Information about services and how to complain was available and easy to understand.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice had limited formal governance arrangements in place. The practice had a number of policies and procedures to govern activity, but these had not been reviewed and did not reflect latest good practice.

The areas where the provider must make improvements are:

Summary of findings

- Ensure systems and processes are in place in relation to fire safety and ensure staff know what to do in the case of a fire.
- Ensure systems and processes are in place to prevent cross infection.
- Ensure all staff have received the appropriate level of training in order to fully understand their roles and responsibilities in relation to protecting patients from the of risk of abuse.
- Ensure that staff acting as chaperones are appropriately trained and have the required Disclosure and Barring service (DBS) checks. Ensure arrangements for chaperoning do not put patients at risk of abuse.
- Ensure emergency medical procedures are effective and protect people from harm. For example, having oxygen in place and an assessment of the risks associated with not having an Automated External Defibrillator (AED).
- Ensure policies and procedures enable staff and the provider to deliver safe and effective care and treatment. Policies and procedures must be up to date and in line with regulations. .
- Ensure clinical audits are undertaken in the practice, including completed clinical audit or quality improvement cycles.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.

The areas where the provider should make improvement are:

- Review the contents of the emergency doctor's bag to ensure all medications included are suitable and can be administered if needed in line with Resuscitation UK guidelines.
- Ensure a patient participation process is developed encouraging patients to get directly involved in the development of improved patient safety and access to the practice. For example, through the re-establishment of a patient reference group.
- Ensure that appropriate translation services are available to patients who require them.
- Ensure other records are maintained in relation to the management of the service, for example notes of clinical meetings.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, despite the practice having carried out investigations when things went wrong; it was not clear how lessons learned had always resulted in improvement and it was not clear lessons were communicated across all clinical staff. This meant safety could not be assured.

Patients were at risk of harm because systems and processes were not in place and were not implemented in a way to keep them safe. For example, there was no infection prevention or control arrangements in place to protect people from a risk of a health related illness. Non clinical staff did not have appropriate safeguarding training and recruitment checks were incomplete. The practice was not fully equipped to deal with medical emergencies as there was no oxygen or automated external defibrillator (AED). There was insufficient information to enable us to understand and be assured about safety because risks to patients were not well managed including risks associated with cross-infection, fire, medical emergencies, and staffing including chaperone arrangements.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was no evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was generally informal and record keeping was limited.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions

Summary of findings

about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

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

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. The practice had aims and objectives in place and staff were aware of their responsibilities in relation to the aims and objectives. There was a documented leadership structure and staff felt supported by management and able to approach them with issues. However, the practice had not proactively sought feedback from patients and did not have a patient participation group (PPG). The practice had a number of policies and procedures to govern activity, but many had not been reviewed within the last two years or more and staff were not aware of what they contained. There was no on-going programme of clinical audits to monitor quality and systems to identify areas for improvement.

The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings. The practice did not have a systematic approach to identifying risks, assessing the extent and probable impact of the risks, and putting in place effective control measures to maintain and improve patient safety.

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

Inadequate

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The provider was rated as inadequate for providing safe services and being well led, and requires improvement for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group..

People with long term conditions

Inadequate

Nursing staff supported the GP in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The provider was rated as inadequate for providing safe services and being well led, and requires improvement for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Families, children and young people

Inadequate

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. Appointments were available outside of school hours and the premises were suitable for children and babies.

The provider was rated as inadequate for providing safe services and being well led, and requires improvement for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. Although the practice offered extended opening hours for appointments from Monday to Friday, patients could not book appointments or order repeat prescriptions online. However, electronic prescribing was available for all patients. Health promotion advice was offered and there was accessible health promotion material available through the practice.

The provider was rated as inadequate for providing safe services and being well led, and requires improvement for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

People whose circumstances may make them vulnerable

Inadequate

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The provider was rated as inadequate for providing safe services and being well led, and requires improvement for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

People experiencing poor mental health (including people with dementia)

Inadequate

People experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Summary of findings

organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

The provider was rated as inadequate for providing safe services and being well led, and requires improvement for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4th July 2015. There were 109 responses and a response rate of 5.1% of the patient population. The practice scored higher than average in the following areas:

- 86% find it easy to get through to this surgery by phone compared with a CCG average of 63.4% and a national average of 74.4%.
- 62.7% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55.8% and a national average of 60.5%.
- 91.2% say the last appointment they got was convenient compared with a CCG average of 89.8% and a national average of 91.8%.
- 94% of respondents say the last nurse they saw or spoke to was good at listening to them compared to a (CCG) average of 86% and a national average 91%
- 54.3% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57.4% and a national average of 65.2%.

Results indicated that there were areas where the practice could further improve patient outcomes to be more in line with local and national averages:

- 75% were able to say the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 84% and a national average of 86%.
- 78.1% find the receptionists at this surgery helpful compared with a CCG average of 82.6% and a national average of 86.9%.
- 71.1% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82.2% and a national average of 85.4%.
- 73% say the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 79% and a national average of 81%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Patients commented that they found staff to be very kind and helpful and that they always felt involved in the care and treatment they provided. Patients also commented that they felt able to access a GP or nurse when they needed to see one. During our visit we also spoke with three patients who were very complementary of the care and support they had received.

Dr Safderali Lalji Datoo

Detailed findings

Our inspection team

Our inspection team was led by:

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

Specialist advisors who take part in inspections are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Dr Safderali Lalji Datoo

Dr Safderali Lalji Datoo surgery is also known as Watford Way Medical Centre. It is situated in Hendon, North West London and is within the NHS Barnet Clinical Commissioning Group (CCG). The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering primary medical services). The practice provides enhanced services for adult and child immunisations and extended hours.

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

The practice had a patient list of just over 2137 at the time of our inspection.

The staff team at the practice included one principal GP (male), three locum GPs (one male and two female), one practice nurse (female), one Practice manager and one practice administrator who was also the trained Healthcare Assistant.

The practice is open between 9:00am and 11.00am and 4.00pm and 4.00pm Monday to Friday and between 9:00am and 11:00am and 3.00pm and 7.30pm on Tuesdays. Appointments can be made only via telephone currently. Plans are in place to introduce online appointment booking. Urgent appointments are available each day and GPs also complete telephone consultations for patients. There is an-out-of hour's service provided by a local deputising service to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

The practice has a similar percentage than the national average of people with a long standing health conditions (55.3% compared to 54.0%); and a lower percentage than the national average of people with health related problems in daily life (44.3% compared to 48.8%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and in line with the national average for females.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 August 2015. During our visit we spoke with a range of staff (the Principal GP, Practice Nurse, Practice Manager and Administrator) and spoke with patients who used the service. We observed how people were being cared for and reviewed the personal care or treatment records of patients. We reviewed nine comment cards where patients and members of the public shared their views and experiences of the service.

Inadequate

Are services safe?

Our findings

Safe track record and learning from safety incidents

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager and principal GP. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff. We reviewed safety records, incident reports and minutes of meetings where these had been discussed. These showed that significant events were appropriately identified, recorded, and analysed.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice did not always have clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- The principal GP was the appointed lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil the roles. We spoke with four members of staff. They were aware who the lead was and who to speak with in the practice if they had a safeguarding concern. There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example children subject to child protection plans, looked after children, and housebound patients. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including the local authority. However, two of the non-clinical staff we spoke to told us they had not received the appropriate level of training specific to their role. This meant they could not be fully aware of their roles and responsibilities in relation to safeguarding vulnerable adults and children.
- We found no information in regard to chaperoning on display for patients. There were no notices displayed in the waiting area or in consultation rooms advising patients about the practice's chaperoning arrangements. There was a Chaperone policy which had been reviewed in June 2015. We spoke to three members of staff who sometimes acted as chaperones; they told us that they had not received any formal chaperone training and had not received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We asked to see any risk assessment for the practice in relation to carrying out DBS checks and we were informed by staff that this had not been undertaken and that they were unaware of this requirement.
- The practice had not reviewed its written policies and procedures for monitoring and managing risks to patient and staff safety since 2007. We found them to be incomplete and not in line with required legislation. For example, the Health and Safety policy was not up to date, the practice had no fire risk assessment and had not undertaken a fire drill as far as staff could remember, we also found incomplete fire action posters at fire exits, staff could not be sure if fire extinguishers had been serviced and did not provide any evidence of these being undertaken. There were no recorded fire alarm tests and although fire wardens were noted in the policy they were unaware of their role and responsibilities if a fire should occur and this meant they could not keep people safe. However, all electrical equipment was checked annually to ensure the equipment was safe to use.
- The practice did not maintain a risk log to help the provider to understand the risks the practice faced and the likelihood of the risks occurring and impact on the practice, and to decide the appropriate actions to take to prevent or reduce risks. The practice had no risk assessments in place for monitoring safety of the premises. Although, we found a booklet on the control of substances hazardous to health (COSHH); we found that no risk assessment had been actioned and staff were not aware of these responsibilities as required by the Health and Safety Executive such as providing control measures to reduce harm to health.

Inadequate

Are services safe?

- We observed the premises to be clean and tidy on the day of the visit. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks had hand soap and hand towel dispensers, however no hand gel was found in the treatment rooms or toilets. Arrangements were in place for the segregation and disposal of clinical waste. There had been no assessment of infection prevention and control and no legionella assessment had been undertaken. We could not evidence how the practice met appropriate standards of cleanliness and hygiene as outlined in the Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of infections and related guidance. For example, there were no cleaning schedules in place and no evidence that cleaning staff had had appropriate training which included the use of appropriate cleaning equipment and cleaning products. We were informed by staff that the practice was cleaned twice a week by an external contractor. The principal GP was the infection control clinical lead. However, no training had been undertaken in regard to infection control; specifically for the lead or any staff at the practice in infection prevention and control. Staff were not aware of their roles and responsibilities and there were no policies or protocols in place that followed best practice.
- Staff were not aware of the risks associated with infections. There were no spillage kits available for staff to safely clean a spillage which could cause the spread of an infection, and staff could not demonstrate how to safely dispose of specimens in accordance with best practice. We found no needle stick procedures in place and staff were not clear on the correct procedure. This could put staff at risk of infection. We also found that sharps boxes were not labelled correctly and one had been filled above the recommended level, whilst another was not kept safely out of reach. The practice had arrangements in place for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). We saw records that confirmed there were regular checks to reduce the risk of infection to staff and patients. We discussed these issues with the principal GP, practice nurse and practice manager and they told us they were not aware of the infection prevention and control guidelines and regulations for general practices and had not undertaken any annual infection control audits to date.
- We reviewed recruitment checks for the four most recent members of staff. We found that relevant checks were in place. There was a rota system to ensure that enough staff were on duty. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.
- We reviewed arrangements for managing medicines, including those for emergencies and those used for vaccinations. We looked at how medicines were obtained, prescribed, recorded, handled, stored and security processes. We found that regular medication checks were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. However, there were no Patient Group Directions (PGDs) in place. These are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. For example, the nurse prescribing vaccinations to children should be covered by a PGD. During our visit we addressed this with the principal GP and Practice Manager. We noted that immediate action was taken by staff to contact the CCG pharmacy lead to discuss putting PGDs in place as soon as possible.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training. However, the practice did not have an Automated External Defibrillator (AED) for cardiac emergencies available on the premises and they did not have any oxygen. Staff we spoke to told us that they were not familiar with UK Resuscitation guidelines which state that general practices should have oxygen on site and that a defibrillator is recommended as best practice. There were no formal medical emergency protocols in place. During our visit we asked that oxygen and the required masks for adults and children be ordered before the end of our visit

Inadequate

Are services safe?

which was actioned by the practice manager. The practice had a nebuliser (used to deliver high doses of asthma reliever medicines in an emergency). It was still in its original packaging. We were told there had never been an occasion for its use.

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 fit for use. Medications were appropriate and in line with Resuscitation Council (UK) guidelines. However, we checked the medicines carried in the principal doctor's bag when attending home visits and we found one antibiotic medication in powder form that could not be used if required as there was no syringe or water available to inject a patient. We asked for a risk assessment for emergency medications carried on home visits and were advised there was not one in place and checks were carried out informally.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, not all staff knew about this.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The principal GP was able to give an example of how a recent diabetic guideline for medication had resulted in positive outcomes.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record including patients with learning disabilities and palliative care registers. The clinicians reviewed their individual patients and discussed patient needs at meetings to ensure care plans were in place and regularly reviewed. However, meetings were often informal and not regularly recorded to ensure follow up actions were completed.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 90.1% of the total number of points available, with 3.9% exception reporting. Data from 2013-14 showed:

- Performance for diabetes related indicators was 90.7% which was comparable to the CCG average of 90.3% and the national average of 90.1%.
- The percentage of patients with hypertension having regular blood pressure tests was 80.8% which was lower than the national average of 83.1%.
- Performance for mental health related and hypertension indicators was 100% and better than the CCG average of 91.5% and the national average of 90.9%.
- The dementia diagnosis rate was 100% which was above to the national average of 95.2%.

The practice showed us one clinical audit that had begun in the last 12 months. This audit related to the prevalence of prostate cancer. However, the audit would not be completed until 2016.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research where identified. Findings were used by the practice to improve services. For example, local prescribing audits as requested by the CCG and audits of prescribed controlled medicines for those patients receiving drug and alcohol treatment. The prescribing of controlled medicines ceased at the practice in March 2015. Patients were now referred to the Barnet Drug and Alcohol service for controlled medicines. The practice worked in partnership to deliver care and treatment for those suffering drug addiction.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding and confidentiality.
- The learning needs of staff were identified through a system of appraisals and ongoing discussions and meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: basic life support. Staff had access to and made use of e-learning training modules as well as in-house and externally run training courses. For example, the practice nurse had recently attended an update regarding cytology.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available.

Requires improvement

Are services effective?

(for example, treatment is effective)

Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary discussions took place and that care plans were routinely reviewed and updated with input from district nurses and the palliative care team.

Consent to care and treatment

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

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and drug and alcohol cessation. For example the principal GP told us that they had a special interest in support for those patients who had drug and alcohol addiction and worked closely with the Barnet Drugs and Alcohol Service to support patients. Patients were signposted to the relevant local and national services.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.25%, which was better than the CCG average of 80.4% and the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 95% and five year olds from 71.4% to 80.1% these were comparable to CCG averages. Flu vaccination rates for the over 65s were higher than national averages data showed 78.26% compared to a national average of 73.24%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. 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 nine patient comment cards we received were positive about the service experienced. Patients said they thought the service was very good and that staff were very helpful and professional. We also spoke with three patients attending appointments on the day of the inspection. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. These comments were in line with comments we reviewed on the NHS Choices website. We noted that patients had taken the time to comment on quality of care and treatment they received at the practice and had been very positive about the staff and quality of care and treatment. We saw that practice staff took the time to respond to comments and encouraged feedback.

Data from the National GP Patient Survey July 2015 showed from 109 responses (5.1% of the patient list) that performance was generally comparable to local and national averages. For example:

- 84% said the GP gave them enough time compared to the CCG average of 83.7% and national average of 86.8%.
- 95.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.2%% and national average of 95.3%
- 84.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85.9% and national average of 90.4%.

Other data showed that performance was below both local and national averages in relation to:

- 81.9% said the GP was good at listening to them compared to the CCG average of 87.3% and national average of 88.6%.
- 76.3% said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 82.8% and national average of 85.1%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

However, results from the national GP patient survey July 2015 showed that patients on average felt less involved in decisions about their care and felt that the last GP they saw was not as good at explaining tests and treatments compared with local and national averages. For example:

- 74.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86.3%.
- 72.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.3% and national average of 81.5%.

We asked staff about translation services. Staff told us that external translation services were not available for patients who did not have English as a first language. However, staff at the practice spoke a number of community languages. Patients were encouraged to bring family and friends along to help translate should this be needed.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and to date 25 carers had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Good

Are services caring?

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

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

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and or with complex health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were was a ramp and disabled toilet facilities on the premises and all consultation rooms were located on the ground floor. The practice was yet to purchase a hearing loop for those patients with a hearing difficulty.

Access to the service

The practice was open between 8:30am and 6.00pm Monday to Friday and between 8.30am and 7.30pm on Tuesdays. Appointments were available from 9.00am and 11.00am and 4.00pm and 6.00pm Monday to Friday and between 9.00am and 11.00am and 3.00pm and 7.30pm on Tuesdays. In addition, pre-bookable appointments were available up six weeks in advance and urgent appointments were also available for people that needed them. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 65.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 68.7% and national average of 75.7%.
- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 63.4%and national average of 74.4%
- 68.4% of patients described their experience of making an appointment as good compared to the CCG average of 67.7% and national average of 73.8%.
- 54.3% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57.4% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system for example posters were displayed, and information on how to complain was noted in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint and felt confident to do so.

We asked to look at complaints received in the last 12 months and were informed that the practice had not received any complaints over this period.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a robust strategy or set of supporting business plans which reflected the vision and values of the practice. Although, we observed staff carrying out their roles and responsibilities when asked staff could not describe what future plans the practice had and the direction which it was heading in the future.

However, the practice had aims and objectives to deliver high quality care and promote good outcomes for patients. We found details of the aims and objectives in the provider's Statement of Purpose. The provider told us he had established the practice some 30 years ago and he and his staff were proud of what they had achieved.

The practice had a mission statement and staff understood the core values. Staff were committed to providing high quality care and treatment for the local community.

Governance arrangements

The practice did have a good understanding of the performance of the practice through its use of QOF data. QOF indicators gave the practice staff a working framework to improve patients' outcomes and an approach to assessing how well it was performing in line with national standards. We also saw that staff worked together to produce and deliver action plans that maintained or improved patient outcomes. For example, the practice manager and practice nurse both led on cervical screening indicators.

The practice did not have an overarching governance framework which supported the delivery of safe and effective care. However, there was a clear leadership and staffing structure and staff knew what their main duties were in relation to their roles and responsibilities. For example, the practice manager was the lead for complaints and the GP was the lead for safeguarding and infection control. We spoke with four members of staff and they all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice held formal staff meetings and we looked at three sets of minutes These meetings were intended to take place once a month, according to the practice manager. However, we only saw three sets of minutes for the past eight months. We noted that meetings did not follow up on previous actions and quality and risk were not covered as essential topics. Nevertheless, staff we spoke with felt involved and included in the day to day operation of the practice.

The lack of structures and procedures in place meant that there were not arrangements in place for managing, identifying, recording and managing risks. There were no processes for mitigating risks and developing clear action plans with improvement monitoring. For example, in regard to protecting staff and patients from harm in a medical emergency; there had been no risk assessment in regard to the provider's decision not to equip the practice with oxygen or an automated external defibrillator (AED) prior to our visit. This could put both staff and patients' at risk should there be a medical emergency. We also found no assessment of risks in relation to infection control. The practice did not maintain a risk log.

Practice staff could not demonstrate how quality systems delivered safe and effective services in line with best practice. The practice did not have an on-going programme of clinical audits to monitor quality and systems to identify where action should be taken to improve health outcomes for patients.

The practice had a number of policies and procedures in place to govern activity and these were available to staff, but not all of them had been regularly reviewed in line with requirements, for example the infection control policies and procedures and fire safety regulations. This limited their usefulness in providing guidance and direction to staff. There was no system in place to provide assurance that staff had read the policies.

This meant that practice's approach to service delivery and improvement was often reactive and focused on short term issues. Improvements are not always identified or action not always taken. Where changes are made, the impact on the quality of care is not fully understood in advance or it is not monitored.

Leadership, openness and transparency

The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. All staff felt involved in discussions about how to run the practice. The GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice. There was a culture of openness and honesty.

Are services well-led?

Inadequate

(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 had no formal processes in place for gaining patients' feedback and engaging patients in the delivery of the service on a proactive basis. The practice's patient participation or reference group (PPG/PRG) had disbanded over two years ago. The practice manager said the group had stopped functioning due to a lack of attendance and they were looking to redevelop one in the future. However, we did note that the practice did respond to general issues raised by both patients and staff. For example, the practice nurse offered to answer reception calls when not seeing patients to avoid any delays in dealing with patients when reception was busy as identified through informal feedback.

The practice had also gathered feedback from staff through informal and formal meetings and discussions such as one to one supervision. Staff told us they felt comfortable giving feedback and discussing any concerns or issues with colleagues and management. They told us they felt involved and engaged in how the practice improved outcomes for both staff and patients.

Management lead through learning and improvement

The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles. However, there were no formal meeting systems in place to support shared learning and to drive forward improvements. The GPs were all involved in revalidation, appraisal schemes and continuing professional development. There was evidence that GPs had learnt from incidents however, this was not consistent and there was limited evidence of shared learning between clinicians. We were told that informal meetings took place to discuss specific issues but these were not recorded.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not protected people against the risk of inappropriate or unsafe care due the lack of efficient systems to assess, monitor and mitigate the risks relating to their health, safety and welfare. Staff had not completed risk assessments associated with fire safety, COSHH, or legionella, or infection control. Regulation 12.(2)(b) We found that the registered person had not protected people against the proper and safe management of medicines because there were no patient group directions in place such that nursing staff were prescribing vaccinations to adults and children without approval. Regulation 12. (2)(g). We found that the registered person had not protected people against the risk of unsafe care by not assessing the risks associated with not having oxygen or AED available when required in a medical emergency. Regulation 12. (2)(b). We found that the registered person had not assessed the risk of, and prevented, detected and controlled the spread of infection, including those that are health care associated. Infection control policies and supporting procedures were not up to date and did not follow best practice. For example, spillage and needle stick procedures. The GP was the lead for infection control, and other clinical and non clinical staff had not received training. Cleaning checklists and cleaning schedules were not in use. There had been no infection control audit within the last 12 months. Regulation 12(2)(h).

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment We found that people were not protected from abuse and improper treatment. Non clinical staff had not received appropriate safeguarding adults and children training to ensure they understood their roles and responsibilities in relation to preventing abuse. Regulation 13(2). We found that people were not protected from abuse and improper treatment. Systems were not established to prevent abuse of patients. Clinical and non-clinical staff identified and used to perform chaperone duties had not been DBS checked. Regulation 13(2).
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found no systems or processes in place that enabled the provider to identify where quality and/or safety were being compromised and to respond appropriately and without delay. We found that the provider had no improvement plans in place and progress was not being monitored against plans to improve the quality and safety of services .Regulation 17(2)(a). Other records as are necessary were not maintained. For example, discussions in clinical meetings within and outside of the practice were not regularly recorded. Policies were not in place or regularly reviewed nor reflected the latest guidance and regulations. There was no comprehensive risk log or action plan to support the provider in managing risks to the health and safety of staff and patients. For example, Health and safety and clinical governance. Regulation 17(2)(d)(ii).