

Penshurst Gardens Surgery

Quality Report

39 Penshurst Gardens

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Penshurst Gardens Surgery on 13 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of those relating to fire safety and systems for actioning incoming correspondence.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients spoke positively about the ease of making an appointment with a named GP and there was continuity of care with urgent appointments available the same day.
- GP patient survey feedback was lower than local and national averages regarding phone access but the practice highlighted actions being taken to improve access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that annual fire risk assessments take place.
- Introduce a monthly temperature monitoring regime in accordance with the recommendations of a February 2014 Legionella risk assessment; and ensure that subsequent assessments take place in accordance with recommended guidance.

- Ensure that the system in place for actioning and monitoring incoming correspondence is appropriate to keep people safe.

The areas where the provider should make improvement are:

- Introduce a system for routinely checking its emergency oxygen cylinder.
- Introduce a system for checking phone access availability, so as to assess the impact of recent changes.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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 good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with Barnet Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of a federation of local practices which allowed its patients to access Friday evening and weekend appointments from other local surgeries.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- Dedicated extended appointments were offered at the end of each surgery.
- When we spoke with patients from this population group, they were positive about the care and treatment they received.
- The practice arranged monthly meetings with GPs, district nurses, hospice representatives, practice nurses and practice management, so as to share information on patients' current condition and facilitate 'joined up' care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had had an influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 99% compared to the CCG average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- When we spoke with patients from this population group, they were positive about the care and treatment they received.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 77%, which was higher than the latest available CCG average of 68% and the national average of 74%.
- 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.
- Dedicated extended appointments were offered at the end of each surgery.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered 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.
- When we spoke with patients from this population group, they were positive about the care and treatment they received.

Good



People whose circumstances may make them vulnerable

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

- The practice held 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.

Good



Summary of findings

- Reception staff had undertaken learning disability awareness training and spoke positively about how this had helped them provide more patient centered care.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice operated a system which ensured that end of life patients and other vulnerable patients were automatically offered same day appointments.

People experiencing poor mental health (including people with dementia)

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

- 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record in the preceding 12 months (01/04/2014 to 31/03/2015) was 83%, 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. For example, a practice nurse we spoke with had received specialist mental health training and explained how this helped her in delivering care and treatment.

Good



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 in line with local and national averages. Two hundred and seventy two survey forms were distributed and 99 were returned. This represented 0.15% of the practice's patient list.

- 35% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% 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 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 63% 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 31 comment cards which were all positive about the standard of care received, with consistent themes being that staff listened, that were kind and that the care delivered was compassionate.

We spoke with two patients during the inspection who were both positive about the care they received. They told us that staff were approachable, committed and caring. The latest available friends and family test showed that 86% of the 21 patients surveyed would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that annual fire risk assessments take place.
- Introduce a monthly temperature monitoring regime in accordance with the recommendations of a February 2014 Legionella risk assessment; and ensure that subsequent assessments take place in accordance with recommended guidance.

- Ensure that the system in place for actioning and monitoring incoming correspondence is appropriate to keep people safe.

Action the service **SHOULD** take to improve

- Introduce a system for routinely checking its emergency oxygen cylinder.
- Introduce a system for checking phone access availability, so as to assess the impact of recent changes.

Penshurst Gardens Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Penshurst Gardens Surgery

Penshurst Gardens Surgery is located in Edgware, North London. The practice has a patient list of approximately 6,200 patients. Twenty two percent of patients are aged under 18 (compared to the national practice average of 21%) and 19% are 65 or older (compared to the national practice average of 17%). Fifty percent of patients have a long-standing health condition and practice records showed that less than 1% of its practice list had been identified as carers.

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

The staff team comprises two GP partners (one male, one female totalling 13 sessions per week), two female salaried GPs (10 sessions per week), two female nurses (totalling 8 sessions per week), a practice manager and administrative/reception staff.

The practice's core opening hours are:

- Monday–Friday 8am-6:30pm

Appointments are available at the following times:

- Monday:8:30am-11.30am and 2pm -6:30pm

- Tuesday: 8:30am-11.30am and 3pm-6pm
- Wednesday 7:am-11am and 1pm-6pm
- Thursday 8:30am-11:30am and 3pm-6pm
- Friday: 7pm-12pm and 3pm-6pm

The practice offers extended hours opening at the following times:

- Monday 6:30pm-8:15pm
- Tuesday 6:30pm-7:30pm
- Wednesday 7am-8am
- Friday 7am-8am

Outside of these times, cover is provided by an out of hours provider.

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.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 April 2016. During our visit we:

- Spoke with a range of staff (including senior GP, salaried GP, long term locum GP, practice manager, 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)

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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out thorough analyses of significant events. For example, following a flood at the practice, a significant events analysis had highlighted the need for all staff to be aware of the water mains location and of emergency contractors' contact numbers.

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, prior to our inspection we were aware of a recent NHS England patient safety alert to all general practices in England regarding the prioritisation of general practice home visits. This was following an incident in another practice in England whereby a home visit had been requested for a patient recently discharged from hospital whose condition had deteriorated. At the time the practice did not have a system in place to prioritise home visits and unfortunately, before the GP arrived, the patient was readmitted to hospital and subsequently died.

We looked at how the practice had acted on this alert. We saw that the practice manager had received and forwarded the alert to all GPs at the practice. We also saw evidence that a partner GP had requested that the alert be discussed at an all staff meeting to enable a review of the practice's protocols for assessing urgency prior to visiting.

Overview of safety systems and processes

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

- 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 the practice's 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. A practice nurse and practice manager were joint infection control leads and 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. A legionella risk assessment had last taken place in February 2014 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted that the risk assessment's action plan had not been implemented. For example, the practice was not implementing a monthly temperature monitoring regime.
- 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

Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the practice nurses had qualified as an Independent Prescriber and would therefore shortly be able to prescribe medicines for specific clinical conditions. They had received mentorship and support from one of the partner GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed five 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.
- We looked at systems in place for ensuring that people's individual records were managed in a way that kept them safe; including systems for actioning incoming scanned correspondence. We looked at the oldest 24 items and noted that 19 related to correspondence for information only and did not require action.

However, the remaining five items we looked at required action (such as correspondence from a hospital which had received a referral letter from the practice but was requesting further patient history information). We noted that the unactioned correspondence had not caused any direct harm to patients but the system in place was not sufficiently robust and potentially placed patients at risk.

We brought this matter to the attention of the partner GPs who told us that they would immediately action the

remaining correspondence and also introduce a system for monitoring the status of scanned incoming correspondence. Shortly after our inspection we were advised that the remaining correspondence had been actioned, that new monitoring systems had been introduced and also that the incident had been recorded as a significant event to share learning and improve patient safety.

Monitoring risks to patients

We looked at how risks to patients were assessed and managed:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had last undertaken a fire risk assessment in April 2014. A fire drill had taken place in February 2016. All electrical equipment had been checked within the last 12 months to ensure it was safe to use and clinical equipment had also been 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.
- 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

We looked at 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.

Are services safe?

- 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 although we noted that the oxygen cylinder was not routinely checked.
- 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (2014/15) were 94% of the total number of points available which equalled the rounded CCG and national averages. This practice was not an outlier for any QOF (or other national) clinical targets. Latest published results showed:

- Performance for diabetes related indicators ranged was 81% compared to the respective rounded CCG and national averages of 88% and 89%.
- Performance for mental health related indicators was 91% compared to the respective rounded CCG and national averages of 95% and 94%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits commenced since January 2015. One of these was a two cycle completed audit where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, in June 2015 the practice audited patients on Proton Pump Inhibitors (PPIs) which are medicines used to treat stomach acid

disorders. The audit was triggered by best practice guidance which highlighted the potential side effects of PPI and that unnecessary use should be minimised through regular review.

The first cycle of the audit highlighted that 148 of the 399 patients being prescribed PPIs were on a high dosage (37%). Following a period of extensive counselling about the risks associated with high dose PPI therapy and giving patients the option to discontinue or reduce their dosage, a July 2015 reaudit showed that 115 of the 148 patients (78%) had reduced their dosage or ceased the treatment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Records showed that the practice's newest staff member had been inducted in these areas.
- 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 or treating patients experiencing poor mental health.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. When we spoke with one of the practice nurses who administered vaccines, they demonstrated how they stayed up to date with changes to the immunisation programmes, for example by accessing 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.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was above the latest available CCG average of 68% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, latest published childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 92% and for five year olds was 0% to 95%. Latest available CCG data (2014/15) was respectively 72% to 81% and 0% to 91%.

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

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

When we discussed with four members of the reception team how patients' dignity was maintained, they stressed the importance of compassion, empathy and of treating each patient as an individual.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%).

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%).
- 85% 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%).
- 93% 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%).
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%).

Care planning and involvement in decisions about care and treatment

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. Results were in line with local and national averages. For example:

- 85% 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%.
- 81% 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%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%).

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

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 139 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.

For example, the practice was part of a federation of local practices which allowed its patients to access Friday evening and weekend appointments from other local surgeries.

- The practice offered a 'Commuter's Clinic' on Monday, Tuesday and Thursday evenings until 8.20pm for working patients who could not attend during normal opening hours. Early morning 7am appointments were also offered on Wednesdays and Fridays.
- There were longer appointments available for patients with a learning disability.
- Older patients were offered longer appointment slots at the end of surgery.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation such as end of life patients and those with long term conditions.
- There were disabled facilities, a hearing loop and interpreting services available.

Access to the service

The practice's opening hours are:

- Monday –Friday 8am-6:30pm

Appointments are available at the following times:

- Monday :8:30am-11.30am and 2pm -6:30pm
- Tuesday: 8:30am-11.30am and 3pm-6pm
- Wednesday 7:am-11am and 1pm-6pm
- Thursday 8:30am-11:30am and 3pm-6pm
- Friday: 7pm-12pm and 3pm-6pm

The practice offers extended hours opening at the following times:

- Monday 6:30pm-8:15pm

- Tuesday 6:30pm-7:30pm
- Wednesday 7am-8am
- Friday 7am-8am

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 35% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

The practice was aware of patient's concerns regarding phone access and was taking action. For example, we saw that improving phone access was listed as a priority in the practice's 2016 strategy document and also noted that the practice publicised its on line appointment and repeat prescriptions service in its patient newsletter so as to reduce demand on phones. We were told that staffing rotas had also been amended to ensure that there was sufficient phone cover during peak periods. The practice had not yet undertaken any audits or surveys to assess the impact of the changes.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 GP home visits.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

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

- We saw that information was available to help patients understand the complaints system such as posters in reception and a patient leaflet.

We looked at seven of the fourteen complaints received since July 2015 and found that these were satisfactorily handled and dealt with in a timely way and open manner. There was evidence that lessons were learnt from individual concerns and complaints and also from analyses of trends and action taken to improve the quality of care. For example, following a complaint about the waiting room décor, the practice had redecorated.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- We saw that the practice had recently introduced a five year plan which reflected its patient centred vision and values. Staff knew and understood the values.
- For example, the results of the practice's latest customer care survey and learning points were displayed in the main office. A partner GP told us that this was to help instil the practice's patient centred vision amongst staff.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of those relating to fire safety and monitoring incoming, scanned correspondence.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice. They told us they prioritised safe, high quality and compassionate care although we noted risks associated with the practice's system for monitoring and actioning incoming correspondence.

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment

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

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

- Staff told us the practice held regular team meetings.
- 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. We noted team away days were held approximately every 12 months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us they were involved in discussions about how to run and develop the practice; and that the partners 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) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, we were told that following the group's feedback, a door had been installed to improve privacy at the reception desk and that the waiting room had recently been refurbished.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings,

Are services well-led?

Good 

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

appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Reception staff told us that the practice had acted on their suggestion to rearrange the practice's waiting room layout to enable easier access to patient information leaflets. Staff 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. A practice nurse spoke positively about how the practice had supported her in acquiring a nurse prescriber qualification which would enable treatment of minor ailments.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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 annual fire risk assessments took place.• Failing to implement a monthly temperature monitoring regime In accordance with the recommendations of its Legionella risk assessment.• Failing to ensure that the system in place for actioning and monitoring incoming correspondence is appropriate to keep people safe. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>