

# Derwent Crescent Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

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 Derwent Medical Centre on the 16th March 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- 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.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Identified risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with 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 clinical staff, however this was not evident for all non-clinical staff.
- Staff worked with multidisciplinary teams 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 comparable to the national average for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could access appointments in a way that suited them. Telephone consultations were available and extended hours surgery (including once a month on a Saturday morning) were available. Urgent appointments were available on 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.
- All patients have a named GP.

Good



## Are services well-led?

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

- The practice had a clear vision and through its Mission Statement aims to provide high quality patient centered care for its patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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.
- Vaccinations for Shingles were offered to this population group.
- The practice provides GP's services to two care homes within the local area.
- The practice holds bi-monthly meetings with the local Palliative Care Nurses.

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 Quality Outcomes Framework (QOF) recorded the practice as scoring higher than the national average on all of the diabetes indicators.
- 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.

Good



### Families, children and young people

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

- Vaccine rates were comparable to the Clinical Commissioning Group (CCG) for all standard childhood vaccines.
- 84% of patients diagnosed with asthma on the patient list, have had an asthma review in the last 12 months, compared to the national average of 75%.

Good



# Summary of findings

- 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.
- Cervical Screening testing performed in the preceding 5 years for required patients by the practice was at 81%, compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **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. For example, the practice was proactive in offering telephone consultations and e-mail test results to patients who had signed up for this service.
- A once-a-month Saturday surgery (consisting of a GP and a nurse) is available for this population group.
- 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.

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

**Good**



## **People experiencing poor mental health (including people with dementia)**

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

**Good**



# Summary of findings

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses have had an agreed care plan documented on record during the preceding 12 months.
- 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.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in January 2016. The results showed the practice was performing in line with local and national averages. 302 were distributed and 113 were returned. This represented approximately 2% of the practice's patient list.

- 82% found it easy to get through to this practice by phone compared to a CCG average of 65% and a national average of 73%.
- 74% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 85%.
- 88% described the overall experience of their GP practice as fairly good or very good compared to a CCG average of 81% and a national average of 85%.
- 77% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared to a CCG average of 75% and a 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 42 comment cards which were mostly positive about the standard of care received. Patients

stated they received a very good service from all staff and were treated with kindness and sensitively. Comments included positive feedback on the clinical care provided by both doctors and nurses and the polite manner of the reception staff, and that attending the practice is an overall good experience.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test undertaken by the practice during the months September 2015 – December 2015 revealed:-

- 149 patients 'Extremely Likely' to recommend practice to friends and family
- 31 patients 'Likely' to recommend practice to friends and family
- 5 patients 'Neither Likely or unlikely' to recommend practice to friend and family
- 7 patients 'Unlikely' to recommend practice to friends and family
- 6 patients 'Extremely Unlikely' to recommend practice to friends and family



# Derwent Crescent Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Derwent Crescent Medical Centre

Derwent Crescent Medical Practice is located in a residential area in North London. The practice is located in privately owned premises on a small residential road. Barnet Clinical Commissioning Group is the local commissioning team for this practice.

The practice operates from:-

20 Derwent Crescent

Whetstone

London

N20 0QQ

There are approximately 5208 patients registered at the practice. Statistics shows low income deprivation among the registered population. The registered population is higher than the national average for those aged between 30-49.

Care and treatment is delivered by four GP's (two partners and two salaried doctors). The nursing team consists of two

practice nurses and one healthcare assistant. Nine administrative staff work at the practice and are led by a Practice Manager. The practice acts as a training practice for third year medical students.

The practice is open at the following times:-

- 08:00 - 18:30 Monday – Friday

Clinical sessions are run during the following times:-

- 08:00 - 18:00 (Monday, Tuesday and Friday)
- 08:40 - 18:30 (Wednesday)
- 08:20 - 18:00 (Thursday)

Extended hours telephone consultations are held every Monday, Tuesday and Wednesday between the times of 18:30 -19:00. An extended face-to-face consultation session is held once a month on a Thursday between the hours of 18:30 – 19:30. In addition, the practice conducts a once-a-month Saturday surgery between the hours of 08:30 – 11:30. A doctor and practice nurse conduct surgery at these times.

Patients can book appointments in person, via the phone and online.

Outside of normal working hours, patients are advised to contact the local out of hours service provider on telephone number 111.

The practice operates under a Personal Medical Services (PMS) contract.

Derwent Medical Centre was inspected under our previous inspection system in September 2013 and March 2014. During the inspection conducted in September 2013, we identified the practice as being non-compliant with

# Detailed findings

cleanliness and infection control standards. A subsequent inspection undertaken in March 2014, found the practice to be compliant with the cleanliness and infection control standards identified in the previous inspection.

## 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. 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.

## 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 the 16th of March 2016.

During our visit we:

- Spoke with a range of staff (GP, Practice Manager, Nurses and Reception staff) and spoke with patients who used the service.

- Observed how patients were being cared for.
- 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 practice carried out a thorough analysis of the significant events.

We reviewed incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we followed the audit trail of a medicines recall alert received in the practice by the Practice Manager, and then being forwarded on to the two Practice Nurses for one of them to action. Once the action had been taken, we saw an email from the Practice Nurse to the Practice Manager confirming that action had been taken following the receipt of this alert. The doctors at the practice are also informed of alerts and these are discussed at the next clinical staff meeting.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The two GP partners are the respective lead members of staff for adult and child safeguarding. The GP's 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 relevant to their role. All GP's and the Practice Nurses were trained to Safeguarding level three.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the two practice nurses was assigned infection control lead. There was an infection control protocol in place and staff had received up to date in-house training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Curtains situated in treatment rooms are now changed every six months following the results of the most recent infection control audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's are written instruction for the supply or administration of medicines to groups of patients who may or may not be individually identified before arriving for treatment.
- We reviewed 3 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.
- There were 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

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

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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, and the systems in place were utilised. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We saw evidence that updates from other Government organisations were being cascaded to all clinical staff. For example, we saw a Medicines and Healthcare Products Agency alert relating to the efficacy blood test strips cascaded to all clinical staff.

### 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 for the practice were 99% of the total number of points available, with 7% Exception reporting (National averages are 94% and 9% respectively). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:-

- Performance for diabetes related indicators was higher than the national average. For example, the percentage of patients in whom the last blood pressure reading within the preceding 12 months was 140/80mmHG or less was 86% (the national average being 78%), and the percentage of patients with diabetes whose last measured total cholesterol reading within the preceding 12 months was 5mmol/l or less was 92% (the national average being 80%).

- The percentage of patients with hypertension having regular blood pressure tests was better than the national average (Practice 87%, National 84%).
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the preceding 12 months was 93% (national average 88%) The review of care for patients with dementia during a face-to-face meeting in the preceding 12 months was 91%, compared to with the national average of 84%.

Clinical audits demonstrated quality improvement.

- The inspection team saw evidence of seven audits (including two two-cycle audits) over the last two years. These were completed audits where the audits incorporated guidance from NICE in which improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. In addition to the two cycle-audits, the practice provided evidence of a number of internal audits undertaken which looked at the provision of care for specific population groups. For example, an audit of those aged 70-72 and 78-79 who declined the Shingles vaccination was undertaken with a view to understanding why these patients declined. The results of the audit have been used to find ways of encouraging those who declined in the past to rethink being vaccinated in the future.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccines had received specific training and certification for this role. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the vaccine

# Are services effective?

## (for example, treatment is effective)

programmes, for example by access to on line resources, ad-hoc discussions with other clinical staff and discussions held during monthly clinical staff 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Not all non-clinical staff had had an appraisal within the last 12 months. This was due to a change of Practice Manager.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice is a training practice for third year medical students.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Nursing staff routinely accessed the practice clinical computer system to check if any Out Of Hours (OOH) referrals occurred whilst the practice was closed, and would alert the patient's doctor to the reason for attendance at the OOH service. This check was conducted to observe the types of patients who attended OOH services and the frequency of attendance. The practice used this information to determine whether the patient in question may benefit from social care services provided by the local council out of practice opening hours, and thereby reduce instances of a patient attending the local Accident and Emergency department.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place to discuss any perceived risks to patients and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- 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 alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice nurses. A Well Man and Well Woman clinic are also available at the practice.

The practice's uptake for the cervical screening programme was 81%, which was in line with the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to, and in some cases, above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 6% to 69% and five year olds from 0% to 93%. On the day of

## Are services effective?

(for example, treatment is effective)

the inspection, the practice provided evidence that their childhood immunisation rates ranged from 82% to 91% for 1 year olds to 5 year olds, as they were aware that the central system for recording vaccination statistic did not always correctly update the practice statistics and they were in contact with NHS England regarding this issue.

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 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 42 patient Care Quality Commission comment cards we received were positive about the clinical service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However some comment cards noted that patients were experiencing some difficulties with obtaining appointments. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the Patient Participation Group (PPG). The PPG member told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Examples were provided by the PPG of how the practice listened to and acted upon suggestions made by the PPG. One example given was the PPG suggestion to update the practice website. This suggestion was passed on to the Practice Manager who has discussed and gained authorisation of the practice partners to implement the suggested changes.

Results from the national GP Patient Survey published January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

- 87% said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% 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%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG of average 83% and the national average of 85 %.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 86% and the national average of 91%.
- 87% said they found the receptionists at the practice helpful compared to the CCG average 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 on the 42 comment cards we received was positive and aligned with these views.

Results from the national GP Patient Survey published January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average 82%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

Staff told us that translation 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.

### Patient and carer support to cope emotionally with care and treatment



## Are services caring?

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. The practice has one hundred and eighty seven patients registered as carers. This figure equates to three and half percent of the practice list. The practice offered flexible appointments for carers, as well as specific health checks. 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, the practice contacted them to offer a home visit. 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 the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice is working closely the district nursing team prior to the introduction of the Barnet Integrated Locality Team (BILT) into the area. The BILT will bring together health and social care staff to help patients stay healthy and independent.

- The practice offered extended hours surgery every third Thursday evening of the month until 7:30pm for working patients who could not attend during normal opening hours. A similar extended hours surgery operated every third Saturday morning of the month between 08:30 and 11:30am.
- Telephone consultations were offered Monday to Wednesday between the hours of 18:30 and 19:00.
- There were longer appointments available for patients with a learning disability.
- Patients were able to obtain test results by email.
- Home visits were available for older patients and patients that would benefit from these. In addition, there was a rota system for the doctors to attend Lady Sarah Cohen House and Rosetree care homes daily.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8:00 and 6:30pm Monday to Friday with the exception of every fourth Thursday evening when the practice held extended hours surgery between 6:30pm to 7:00pm. Appointments are as follows:-

- 08:00 - 11:30am and 3:30pm to 6:00pm (Monday and Tuesday)
- 08:40 - 11:30am and 3:30pm to 6:30pm (Wednesday)
- 08:20 - 11:30am and 3:30pm to 6:00pm (Thursday)
- 08:00 - 11:30am and 3:30pm to 6:00pm (Friday)
- 08:30 - 11:30am (Saturdays once a month)

Extended hours for telephone consultations were offered at 06:30pm to 07:00pm every Monday to Wednesday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP Patient Survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 75%.
- 82% patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 73%.

Patients told us that they were able to get appointments when they needed them.

### 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.
- The Practice Manager was the designated responsible person who handled all complaints received by the practice.
- We saw that information was available (via the practice patient leaflet) to help patients understand the complaints system.

The practice received five complaints during last 12 months. We saw evidence that the complaints were handled in a satisfactory manner and in a timely way. With all the complaints, the practice offered to meet with the relevant patient to discuss the issue(s) further.

Lessons were learnt from the concerns and complaints raised, and action was taken to as a result to improve the quality of care. For example, following a patient complaint regarding the delay in obtaining a prescription for a controlled drug, the practice has now introduced a new process for the safe collection of controlled drug prescriptions. Training has been provided to all

# Are services responsive to people's needs?

(for example, to feedback?)

receptionists regarding collection of these prescriptions. The complainant was written to by the Practice Manager with an apology and an explanation of the revised prescription collection process.

# 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.

- The practice had a Mission Statement and staff knew and understood the aims and objectives of the statement.
- The practice had a strategy and supporting business plans which related to the Mission Statement and these plans were regularly monitored.

### 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:

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

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by other staff within the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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. There was an active virtual PPG which had recently started to have face-to-face meetings. The PPG met with the practice management team for updates on what was happening within the practice and to put forward suggestions for changes which would be beneficial to patients. For example, there was concern amongst PPG members last year at not being able to get through to reception by telephone (within a reasonable timeframe) to make an appointment to see a doctor. This concern was raised at the PPG meeting which was attended by the Practice Manager. This concern was taken back to the practice partners and as result a decision was made to upgrade the telephone system which now has a separate line specifically for booking appointments.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. The introduction of a new Practice Manager in December 2015 ensured the practice is attempting to keep to a schedule with regards to updating policies and

# Are services well-led?

Good 

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

procedures. A timetable for conducting non-clinical staff appraisals has been devised. Prior to the current Practice Manager's arrival, non-clinical staff appraisals had not been conducted since 2014.

- Staff told us they felt comfortable with all their colleagues which enabled them to give feedback and discuss any concerns or issues. Staff told us they felt involved and engaged to improve how the practice was run.

There was a strong focus on continuous learning and improvement at all levels within the practice. This was evidenced in the discussions held by both clinical and non-clinical staff during minuted staff meetings. For example, at a recent staff meeting, the Practice Manager spoke about the issue of confidentiality and presented the team with three scenarios regarding patient confidentiality, with the aim of identifying best practice to be adopted by the practice.

## Continuous improvement