

Pennine Drive Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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 Pennine Drive Surgery on 27 July 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. However, PGD's (Patient Group Directions) had not been reviewed, signed and authorised in accordance with local and national guidelines for all nurses administering medicines at the practice. The process for overseeing the management of PGD's required review to ensure that all nurses were authorised to administer medicines in line with legislation.

- 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 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.
- 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.

Summary of findings

The areas where the provider must make improvement are:

- Implement an effective system around authorisation of PGD's to ensure they are in place for all practice nursing staff including practice nurse locums. Ensure PGD's (Patient Group Directions) are reviewed, signed and authorised in accordance with local and national guidelines for all nurses administering medicines at the practice.

The areas where the provider should make improvement are:

- Ensure training records include copies of all mandatory training conducted by staff outside of the practice..

- Review arrangements in relation to quality outcomes audits to ensure they are reflecting improvements over time.
- Review arrangements for monitoring the use of prescription pads in accordance with national NHS guidelines.
- Ensure that all staff receive an annual appraisal of their performance to ensure they are appropriately skilled and trained and that their learning and development needs are identified, planned and supported.
- Consider conducting a patient consent audit to ensure consent recording practices are robust throughout the practice.

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. However, PGD's (Patient Group Directions) had not been reviewed, signed and authorised in accordance with local and national guidelines for all nurses administering medicines at the practice. The process for overseeing the management of PGD's required review to ensure that all nurses were authorised to administer medicines in line with legislation.
- 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.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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. For example, the practice forms part of the North Barnet locality Network which brings together practices to provide services collaboratively for patients. One of the initiatives commissioned by Barnet CCG has been to provide a hub for the provision of an 8.00am to 8.00pm pilot to improve GP appointments access at evenings and weekends.
- 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.

Good



Are services well-led?

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

- 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. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- 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.
- 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.
- Older patients have a named GP and a care plan in place. The named GP works effectively with multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs are met.

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.
- Performance for diabetes related indicators was above the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81% compared to the national average of 78%. For the percentage of patients with diabetes, on the register, whose cholesterol was last measured within the preceding 12 months) is 5 mmol/l or less was 86% compared to 81% nationally.
- 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. Diabetic care is managed by a GP and nurse who have specialist training in diabetic care management and run a weekly clinic at the practice. This includes initiation of insulin medicine.
- Patients with Chronic Obstructive Pulmonary disease are offered in house tests to help monitor how well they can breathe using a small device called a spirometer; this service run by the practice nurses.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



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.

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, travellers 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

- 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.

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).

- 85% of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a national average of 84%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirty eight survey forms were distributed and 103 were returned. This represented 4% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% 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 22 comment cards which were all positive about the standard of care received. Patients stated that they were more than satisfied with the care and treatment they received. Patients said that staff were friendly, respectful, experienced and very supportive. Patients stated that clinicians made them feel comfortable and safe because they had known them for many years.

We spoke with nine patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the latest Friends and Family Test (June 2016) 100% of the patients taking part stated they were 'very likely' or 'likely' to recommend the practice to friends and family.

Pennine Drive Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Pennine Drive Practice

Pennine Drive Surgery is located in Cricklewood in the London Borough of Barnet. It is one of the 62 member GP practices in NHS Barnet CCG. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services). The practice provides enhanced services for example, adult and child immunisations, extended hours, unplanned admissions and facilitating timely diagnosis and support for people with Dementia.

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

The practice had approximately 8,750 registered patients at the time of our inspection.

The staff team at the practice includes four partner GP's (one male and three female) working both full and part time hours. The practice clinical team also includes two salaried GP's (male), and three part time practice nurses (female), and one health care assistant (female). The practice has twelve staff in its administrative team; including a practice manager. All staff work a mix of full time and part time hours.

There are 35 weekly GP sessions available and 13 weekly nurse sessions.

The practice's clinical hours are:

	Morning	Afternoon
Monday	9.00am to 1.00pm	2.00pm to 6.30pm
Tuesday	9.00am to 1.00pm	2.00pm to 6.30pm
Wednesday	9.00am to 1.00pm	2.00pm to 6.00pm
Thursday	9.00am to 1.00pm	2.00pm to 6.30pm
Friday	9.00am to 1.00pm	2.00pm to 6.00pm
Saturday	Closed	
Sunday	Closed	

The practice runs extended hours on a Monday and Thursday from 6.30pm to 8.30pm and one Thursday a month from 6.30pm to 9.30pm.

Urgent appointments are available each day and GPs also complete telephone consultations for patients. In addition the practice is a participant of the Pan Barnet federated GP's network: a federation of local Barnet GP practice's which was set up locally to provide appointments for patients at eight local hub practice's between 8.00am and 8.00pm; providing additional access out of hours. There is also an-out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

Detailed findings

The practice has the same average percentage of people with a long standing health conditions as the national average (54%). At 82 years, male life expectancy is above than the England average of 81 years. At 85 years, female life expectancy is above the England average of 83 years.

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.

Pennine Drive Surgery was inspected under the previous CQC inspection methodology. At an inspection in May 2014, we found that the provider was non-compliant with standards relating to aspects of cleanliness and infection control. When we re-inspected in June 2014, we found improvements had been made such that the provider was complying with the regulations that applied at the time of the inspection (Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 July 2016. During our visit we:

- Spoke with a range of staff (a GP, a practice nurse, the practice manager, and members of the administrative team) 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 a 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 an analysis of the significant events.

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, a GP used an incorrect referral form which resulted in a referral not being sent. The patient subsequently contacted the practice to alert them that they had not heard from the hospital. The practice promptly responded by sending the correct form via the patient record system. A meeting about the incident and reviewed the urgent referral process to ensure all staff were clear about the process.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. However, two of the practice nurses had completed this training during their employment at other practices and there was no evidence that they met the required level on file.
- A notice in the waiting room advised patients that chaperones were available if required. Practice nurses undertook chaperoning, were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, although there was no system in place for monitoring their use. When we looked at Patient Group Directions (which allow nurses to administer medicines in line with legislation) we found that the practice had not correctly completed a PGD for each medicine administered by each nurse working within the practice. This therefore

Are services safe?

invalidated their usage and meant that the practice nurses were not administering medicines such as childhood immunisations in accordance with legislation. Immediately following the inspection visit the practice manager provided one set of updated PGD's for one of the nurses currently practicing at the practice. However, this did not cover those nurses who were on annual leave and we were advised that these would be signed upon their return to practice and in accordance with local arrangements; with the appropriate delegated authoriser.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 were 99.9% of the total number of points available. Exception reporting was 11%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for hypertension related indicators were similar or above CCG and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 81% compared with a national average of 84%.
- Performance for mental health related indicators were above the national average. For example: 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- Performance for dementia related indicators were above the national average. Eighty Five percent of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a national average of 84%.

- Performance for diabetes related indicators was above the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81% compared to the national average of 78%. For the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 86% compared to 81% nationally.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of which were completed over two cycles and respectively looked at the symptoms and diagnosis of ovarian cancer and the impacts of medicine X on osteoporosis in patients. The practice had also undertaken audits which focused on reviewing the cost efficiency of prescribing within the practice led by the CCG. For example, conducting prescribing audits for antibiotics and the use of oral nutrition supplements in patients which had been completed over an initial cycle. The practice had not yet developed a quality improvement programme and therefore, it was not clear how clinical improvements were being identified, implemented and monitored over time. GP leads told us they recognised this had not been developed in enough detail and would be establishing a programme that would focus on patient clinical outcomes
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, not all staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- However, we noted that the process for seeking consent was not monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice offered smoking cessation advice and refer to local support groups and could refer patients to a community dietician for dietary advice.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its 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, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 90% and five year olds from 63% to 96% compared to the CCG average of 72% to 80% for two year olds and 64% and 91% for five year olds

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective? (for example, treatment is effective)

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 22 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 six 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.

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

- 96% 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% 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%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%..
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%..
- 88% 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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 86% of patients 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 of 82%.
- 78% of patients 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%.

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

Are services caring?

areas informing patients this service was available. The appointment check in screen was available in a number of languages. There was a hearing loop and disabled facilities available.

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 129 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers are offered advice in regard to respite and advocacy and referred to Barnet Carers Centre.

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 the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice forms part of the North Barnet locality Network which works under the umbrella of the Pan Barnet Federation. The aim of the network was to bring together practices to provide services collaboratively for its patients. One of the initiatives commissioned by Barnet CCG has been the provision of an 8am to 8pm pilot which aim is to improve GP appointments accessibility at evenings and weekends.

- The practice offered a 'Commuter's Clinic' on a Monday and Thursday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Dedicated Diabetes clinic run weekly.
- A minor surgery clinic run monthly.
- Email access to a GP had begun with one of the GP partners offering this facility.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. Access to talk line for those patients with a hearing impairment.
- Baby change facilities were available and the practice made space available for babies who required breast feeding remove barriers when patients find it hard to use or access services.

Access to the service

The practice was opening times are:

Morning Afternoon

Monday	9.00am to 1.00pm	2.00pm to 6.30pm
Tuesday	9.00am to 1.00pm	2.00pm to 6.30pm
Wednesday	9.00am to 1.00pm	2.00pm to 6.00pm
Thursday	9.00am to 1.00pm	2.00pm to 6.30pm
Friday	9.00am to 1.00pm	2.00pm to 6.00pm
Saturday	Closed	
Sunday	Closed	

The practice runs extended hours on a Monday and Thursday from 6.30pm to 8.30pm (and one Thursday a month from 6.30pm to 9.30pm should a session be required). The practice telephone lines were answered from 8.40am each week day. Appointments were available via the North Barnet locality Network which works under the umbrella of the Pan Barnet Federation at local hub practice in support of the 8.00am -8.00pm agenda every weekday should a patient require a non-urgent appointment after 6.30pm weekdays and 8.00am-8.00pm on Saturdays and Sundays. Outside of these times, the telephones are diverted to an out of hour's provider.

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 were below local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.

We asked the provider what action they had taken as a result of patient concerns in regard to the practice opening hours and telephone access to appointments. We were provided with an action plan developed by the practice in direct response. In addressing the concerns the provider had:

- Encouraged patients to booked extended hours appointments in advance.
- Introduced a new patient telephone system increasing access for patients at busier times of the day.

Are services responsive to people's needs? (for example, to feedback?)

- Encouraged patients to access appointments via the local GP network at practices nearby between the hours of 8am and 8pm and weekends.
- Encouraged patients to register and access appointments online
- Contacted patients when they DNA (Do Not Attend) appointments to discourage unnecessary wastage of appointments.
- Prioritised vulnerable groups such as older people with complex conditions and very young children.

People told us on the day of the inspection that they were able to get appointments when they needed them. We looked at the appointments system on the day of inspection and found there were both GP and nurse appointments available to book within the next week. Same day emergency appointments were not fully booked on the day of our inspection,

The practice had a system in place to assess:

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

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

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.

We looked at four complaints received in the last twelve months and found these were satisfactorily handled, dealt with in a timely way, and in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we looked at a complaint from a patient who had, in error, been directed to a local walk in centre for ear syringing by a member of the administrative team. When they arrived at the walk in clinic, they were informed that ear syringing was not a service offered and referred back to the practice. The practice manager responded to the complainant and apologised for the error and booked an appointment for the patient to have this procedure at the practice. We noted that administrative staff had been reminded about this service to avoid this complaint reoccurring.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and 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:

- 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
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all patient groups directions had been completed in line with guidelines.

However, although there were clinical and audits taking place, the practice should review arrangements in relation to a quality outcomes audits to ensure they are reflecting improvements over time. For example a programme of continuous clinical and internal audit.

Leadership and culture

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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had supported the practice in regard to updating the practice premises and had suggested patient focussed improvements to the practice's newly introduced telephone system.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, as part of the Pan Barnet Federation, the practice is looking to secure funding for primary care to provide pharmacist support and wound care to its patients which had been identified as a significant need for patients living in the

community with complex wounds. In addition, the practice is seeking a nurse practitioner to provide increased nursing capacity and support to GP's and patients. The practice is continuing with its planned refurbishment to ensure that consultation and waiting rooms are all in line with national guidelines. The practice was also taking steps to become a training practice within the next few years to continue to contribute further to the improvement in general practice and primary care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to ensure that persons providing care or treatment to patients have the competence, skills and experience to do so safely.</p> <ul style="list-style-type: none">Failing to ensure that each nurse administering vaccines had signed a PGD as well as the person in authority (this could be a manager or GP) who is signing to say the PGD has been adopted by the provider and that those working within it have legal authority to do so and have been appropriately trained. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>