

Dr Hasmukhrai Makanji

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Inadequate



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hasmukhrai Makanji on 3 March 2016. During the inspection we identified a range of concerns including an absence of systems in place to keep patients safe and missed opportunities to use the learning from significant events to support improvement. (The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Hasmukhrai Makanji on our website at www.cqc.org.uk).

The practice was rated as requires improvement for providing caring and responsive services and was rated as inadequate for providing safe, effective and well led services. Overall the practice was rated as inadequate.

Following the publication of the inspection report in July 2016, the practice was placed in special measures for a period of six months. In November 2016, we were advised by NHS England that two GPs from a local practice (Mulberry Medical Practice) would be joining and

supporting the delivery of Dr Makanji's NHS contract; and that Dr Makanji would be retiring on 31 December 2016. We were also advised that Dr Makanji would be applying to cancel his CQC registration.

Following the period of special measures, an announced comprehensive inspection was undertaken on 26 January 2017. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- The supporting GPs had reviewed past failings and introduced clearly defined systems to minimise risks to patient safety. For example, since 1 January 2017, infection prevention and control audit, a health and safety risk assessment and a fire safety risk assessment had taken place.
- Although we saw some evidence of quality improvement activity, we did not see evidence of an overall quality improvement plan to drive and monitor improvements in patient outcomes.

Summary of findings

- The supporting GPs had started to implement systems and protocols to monitor the effective delivery of high-quality person-centred care but it was too early to assess the results.
- We saw some evidence of actions taken to improve low satisfaction regarding how patients were involved in decisions about their care, the extent to which they were listened to and also regarding the helpfulness of reception staff.
- We observed staff to be compassionate and patients told us they were treated with dignity and respect.
- New protocols had been introduced to ensure that learning from significant events was shared and used to improve the service.
- Most patients told us it was 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.
- Information about services and about how to complain were available.
- The supporting GPs demonstrated an understanding of the requirements of the duty of candour (for example its complaints policy referenced the importance of supporting complainants and of apologising when things went wrong).

There was also an area of practice where the provider must make improvements:

- Ensure that there are appropriate arrangements in place to assess, monitor and improve the quality and safety of the services provided.

Importantly, the provider should also:

- Introduce cleaning schedules in accordance with the outcomes of the supporting GPs' recent infection prevention and control audit.
- Introduce a fire evacuation plan including details of how staff will support patients with mobility problems to vacate the premises.
- Ensure that the use of chaperones is routinely recorded on the practice's clinical system.
- Ensure that copies of the practice's business continuity plan are kept off site.
- Monitor the impact of recent activity aimed at improving satisfaction with how patients were involved in decisions about their care, regarding the extent to which they felt they were listened to and also regarding the helpfulness of reception staff.
- Review systems in place to identify and provide support to carers.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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?

Good



- When we inspected in March 2016, we noted that people were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment, arrangements for acting on patient safety alerts did not enable concerns to be actioned in a timely manner and we identified concerns regarding the safe storage of vaccines. We asked the provider to take action and at this inspection we noted:
- The supporting GPs (added to the NHS contract on 1 January 2017) had introduced clearly defined systems to minimise risks to patient safety including a protocol to ensure the safe storage of vaccines and a protocol to ensure the prompt dissemination of patient safety alerts. Appropriate staff recruitment checks were also on file.
- There was a system in place for reporting and recording significant events. Records showed that at a recent team meeting, the supporting GPs had explained the process by which the learning from significant events would be used to improve safety in the practice. We noted that their main practice (Mulberry Medical Practice) had been inspected in 2015 and at that time we reported that staff understood their responsibilities to report incidents and also that lessons were shared to support improvement.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement



- When we inspected in March 2016, there was insufficient assurance to demonstrate that patients received effective care. For example, patient outcomes were hard to identify because little reference was made to quality improvement. We also noted a backlog of approximately 100 incoming items of correspondence. We asked the provider to take action and at this inspection we noted:

Summary of findings

- Some evidence of quality improvement activity but we did not see evidence of an overall quality improvement plan to drive and monitor improvements in patient outcomes.
- The supporting GPs (added to the NHS contract on 1 January 2017) had introduced a new protocol to ensure that incoming correspondence was date stamped and promptly actioned.
- Staff were aware of current evidence based guidance (for example NICE diabetic care guidance).
- End of life care was coordinated with other services involved.
- Unverified data provided on the day of the inspection showed that current overall QOF performance was 77%.

Are services caring?

- Patient survey scores indicated that people were not involved in their care. For example, when we inspected on 3 March 2016, we noted that patient feedback on compassion and on being involved in care decisions were below local and national averages and that there were no action plans in place to drive improvements. We could not be assured that
- When we undertook a follow up inspection on 26 January 2017, we saw evidence of actions taken by the supporting GPs to improve patient satisfaction scores on how patients were involved in decisions about their care, on the extent to which patients were listened to and on the helpfulness of reception staff. However, an action plan had not been developed to drive improvements in patient satisfaction and we therefore could not be assured that the practice was taking action to ensure that people were involved in their own care or treatment.
- Patients fed back to us that they were treated with compassion, dignity and respect and that 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.

Inadequate



Are services responsive to people's needs?

- Patient satisfaction on waiting times was below local and national averages which meant that some people were not able to access services for assessment, diagnosis or treatment when needed. We did not see evidence that action had been taken to improve this element of the service.

Requires improvement



Summary of findings

- We saw evidence that the practice had taken action to improve low patient satisfaction regarding opening hours (for example by improving access to extended opening appointments from two other local practices).
- When we inspected on 3 March 2016, we noted that the arrangements in respect of recording, investigating and learning from complaints needed improving, in that the four complaints received in the previous 12 months had not been acknowledged or investigated. Also, we did not see evidence that staff formally met to discuss complaints, share learning or agree actions to improve the quality of care.
- When we undertook a follow up inspection on 26 January 2017, we noted that the supporting GPs had significantly improved the complaints management system.
- For example, the complaints policy was now in line with recognised guidance, there was a designated person who handled complaints in the practice, information was available to help patients understand the complaints system and records showed that the complaints management process had been discussed at a recent staff meeting. The supporting GPs' existing practice had been inspected in 2015 and at that time we noted that systems were in place to ensure that the learning from complaints was shared with staff and other stakeholders.
- Patients fed back to us that access to a named GP and continuity of care were quickly available and that urgent appointments were usually available the same day. This was confirmed when we looked at the practice's appointments system.
- The practice was equipped to treat patients and meet their needs.

Are services well-led?

- When we inspected in March 2016, we noted an absence of quality improvement systems and that the systems in place for identifying and managing risk did not always support the delivery of high-quality, person-centred care.
- At this inspection we noted that the supporting GP and practice manager had improved arrangements for improving quality and identifying risk in areas such as infection control, fire safety and health and safety. We noted that they were in the process of reconfiguring the practice's structures, processes and systems of accountability, to ensure that they facilitated the delivery of good quality and patient centred care.

Requires improvement



Summary of findings

- There was a clear leadership structure and staff felt supported by management. A team meeting had recently taken place to enable the new, supporting GPs to share their vision for the practice with staff and to ensure that staff understood their role in delivering this vision.
- We were told that one of the supporting GPs' other two practices was a teaching practice and the supporting GPs spoke positively about their plans to embed a culture of continuous learning and improvement at the practice we inspected.
- The supporting GPs and new practice manager had started to implement systems and protocols to monitor the effective delivery of high-quality person-centred care but we noted that it was too early to assess the results.

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 requires improvement for the care of older people.

The provider was rated as requires improvement for providing effective, caring and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

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

The provider was rated as requires improvement for providing effective, caring and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Unverified QOF data provided by the practice indicated that patient outcomes for diabetic care had improved in the period since the supporting GPs had joined the practice. For example, as of 26 January 2017, 84% of patients with diabetes had had a foot examination in the previous 12 months, compared with 82% as of 31 December 2016. We also noted that as of 26 January 2017 84% of patients with diabetes had a blood pressure reading which was in the required range compared with 81% as of 31 December 2016.

Requires improvement



Summary of findings

- All these patients had a named GP and for those patients with the most complex needs, the supporting GPs told us that the named GP would be working with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

The provider was rated as requires improvement for providing effective, caring and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. For example, unverified data we were shown on the day of the inspection indicated that rates for the vaccines given to under two year olds ranged from 84% to 91% and that performance for five year olds was 79%.
- Patients fed back to us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Working age people (including those recently retired and students)

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

The provider was rated as requires improvement for providing effective, caring and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of this population group had been identified and the supporting GPs had recently adjusted the services offered, to ensure that they were accessible. For example, extended opening on Monday and Tuesday evenings from the supporting GPs' main practice and one of its branch locations.

Requires improvement



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

The provider was rated as requires improvement for providing effective, caring and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- When we spoke with reception staff they recognised the important role they played in recognising possible signs of abuse in children, young people and adults whose circumstances may make them vulnerable; and in forwarding this information to clinical staff. All staff with whom we spoke were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

The provider was rated as requires improvement for providing effective, caring and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- 55% of patients experiencing poor mental health had an agreed care plan documented in the record (as of 26 January 2017).
- The practice planned to regularly work with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and contained aggregated data collected from July-September 2015 and January-March 2016.

The results showed the practice was performing below local and national averages. We noted that 357 survey forms were distributed and that 96 were returned. This represented 4% of the practice's patient list.

- 70% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 56% 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 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

We received 15 comment cards which were generally positive about the standard of care received. These were also positive about the service provided; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect. Two patients gave negative feedback regarding waiting times and appointments access. We noted that the supporting GPs had recently introduced late evening appointments slots from its main practice and one of its two branch locations.

We spoke with two patients during the inspection who fed back that they were happy with the care they received and that staff were approachable, committed and caring.

Shortly after our inspection we were sent Friends and Family Test (FFT) survey data for February 2017 which showed that 15 of the 28 patients surveyed (53%) had fed back that they were either "Extremely Likely" or "Likely" to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that there are appropriate arrangements in place to assess, monitor and improve the quality and safety of the services provided.

Action the service **SHOULD** take to improve

- Introduce cleaning schedules in accordance with the outcomes of the supporting GPs' recent infection prevention and control audit.
- Introduce a fire evacuation plan including details of how staff will support patients with mobility problems to vacate the premises.

- Ensure that the use of chaperones is routinely recorded on the practice's clinical system.
- Ensure that copies of the practice's business continuity plan are kept off site.
- Monitor the impact of recent activity aimed at improving satisfaction with how patients were involved in decisions about their care, regarding the extent to which they felt they were listened to and also regarding the helpfulness of reception staff.
- Review systems in place to identify and provide support to carers.

Dr Hasmukhrai Makanji

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Hasmukhrai Makanji

The Dr Hasmukhrai Makanji surgery is located in Burnt Oak, London Borough of Barnet, North London in a purpose built medical centre. The Dr Hasmukhrai Makanji surgery was formally placed in Special Measures on 28 July 2016. In November 2016, we were advised by NHS England that the two partner GPs from a local practice (Mulberry Medical Practice) would be joining to support the delivery of Dr Makanji's NHS contract and that Dr Makanji would be retiring on 31 December 2016. We were also advised that Dr Makanji would be applying to cancel his CQC registration. On 1 January 2017, the two partner GPs from Mulberry Medical Practice assumed NHS contractual responsibilities.

Mulberry Medical Practice is based approximately one mile away and also operates from two branch locations; one of which is based in the same medical centre as the Dr Hasmukhrai Makanji surgery. We were advised that the Dr Hasmukhrai Makanji surgery's patient list and NHS contract are separate from that of Mulberry Medical Practice.

The Dr Hasmukhrai Makanji surgery has a patient list of approximately 2,500 patients. Twenty five percent of

patients are aged under 18 (compared to the national practice average of 21%) and 8% are 65 or older (compared to the national practice average of 17%). Forty five percent of patients have a long-standing health condition.

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

The provider holds a personal medical services contract with NHS England.

The current staff team comprises two partner GPs (one male, one female), one female long term GP locum, one part time male clinical pharmacist, one female part time practice nurse, a practice manager and administrative/reception staff. We were told that this was an interim staffing arrangement which was subject to review and change.

The practice's opening hours are:

- Monday-Friday: 8:15am-1pm and 2pm-6.30pm

Appointments are available at the following times:

- Monday: 9:30am-12pm and 3:30pm-5:30pm
- Tuesday: 9:30am-12pm and 3pm-6pm
- Wednesday: 09:30am - 12:00pm and 3pm-6pm
- Thursday: 9:30am-12:30pm and 3pm-6:30pm
- Friday: 9:30am-12pm and 3pm-6:30pm

The practice offers extended hours opening at the following times:

- Wednesday: 6:30pm-7:00pm

Detailed findings

- Patients are also able to access extended opening appointments on Monday and Tuesday evenings from the supporting GPs' main practice and one their two branch locations.

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

At the time of our inspection Mulberry Medical Practice was in the process of applying to add the location to its CQC registration.

Why we carried out this inspection

We undertook a comprehensive inspection of the Dr Hasmukhrai Makanji surgery on 3 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective and well led services and, upon publication of our inspection report on 26 July 2016, was placed into special measures for a period of six months.

We also issued warning notices to the provider in respect of Safe care and treatment and in respect of Good governance and informed them that they must become compliant with the Regulations by 18 July 2016. We were sent an action plan and undertook a follow up inspection on 26 January 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Hasmukhrai Makanji on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England to share what they knew. We carried out an announced visit on 26 January 2017. During our visit we:

- Spoke with a range of staff including GPs, practice manager, practice nurses and a receptionist.

- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Visited the practice's one location.

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, unless otherwise indicated, references to information and data throughout this report (for example any reference to the Quality and Outcomes Framework data) refers to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 3 March 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of the safe storage of vaccines and in respect of effective systems for sharing learning from significant events which were not adequate.

We found that these arrangements had significantly improved when we undertook a follow up inspection on 26 January 2017. The practice is rated as good for providing safe services.

Safe track record and learning

When we inspected in March 2016 we did not see evidence that learning from significant events was used to maintain or improve patient safety. For example, there was no evidence that staff met to discuss significant events and the practice's significant event log indicated that the last recorded significant event took place in 2012. However, the then senior GP showed us the records of two significant events which had taken place in 2015. We asked the provider to take action to improve how significant events were recorded and shared.

At this inspection the supporting GPs informed us that they had not been provided with any significant events records for the period prior to 31 December 2016. Records showed that one significant event had occurred since 1 January 2017; relating to a sharps injury sustained by a staff member and their being unaware of what action to take. Following the incident, the practice manager had ensured that its sharps injury protocol was displayed in all rooms where sharps bins were located. Overall, we noted that supporting GPs had introduced a robust significant events reporting and recording system in place. For example:

- We saw minutes of a January 2017 staff team meeting which discussed the practice's new protocol for reporting significant incidents and sharing learning.
- When we spoke with staff they were aware of the protocol. For example, the practice nurse showed us how to report a significant event using the practice's computer system and a senior receptionist who had transferred from one of the supporting GPs other practices showed us where reporting forms were

located in reception. They also spoke positively about their experience of working at the other practice and of how staff team meetings included discussions and learning from significant events.

- The practice's 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.

When we inspected in March 2016, we noted that the practice did not have a system in place to confirm that patient safety alerts sent to the senior GP were being disseminated to staff and acted upon as necessary. At this inspection we noted that a written patient safety alert protocol had been introduced and that this included a requirement to discuss patient safety alerts at team meetings as necessary. Records also confirmed that a January 2017 NHS England cold weather alert had been circulated and read by clinicians and that, in accordance with the alert, a patient information leaflet was displayed in reception.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and they clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a newly appointed lead member of staff for safeguarding and we noted that this had been covered at a recent team meeting, in addition to staff members' roles and responsibilities.
- When we spoke with staff they demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and the practice nurse was trained to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal

Are services safe?

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. However, we noted that clinical staff did not routinely make an entry on the clinical system when a chaperone was used.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy and there were monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. An IPC audit had taken place on 9 January 2017 and we saw evidence that some subsequent actions had been taken (for example ensuring that sharps bins were labelled). However, cleaning schedules had also been identified as an improvement area but had not yet been introduced.

When we inspected in March 2016, we identified concerns regarding the safe storage of vaccines in that the practice could only provide fridge temperature records for January 2016 – March 2016 and staff had not received training on the importance of storing vaccines between 2-8°C and of keeping a temperature log. At this inspection, we noted that temperatures were being appropriately recorded and stored. We noted the limited capacity of the practice's vaccines fridge, that it was overstocked and further that this hindered the circulation of cool air inside the fridge. Shortly after our inspection we were sent confirming evidence that a larger capacity fridge had been purchased.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice had reviewed the most recently available medicines audit, with the support of its clinical pharmacist and the local Clinical Commissioning Group pharmacy team, to ensure prescribing was in line with

best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. However, we noted the absence of a protocol to ensure that the practice contacted patients who did not collect their prescriptions. Shortly after our inspection we were sent a copy of such a protocol.

- When we inspected in March 2016, Patient Group Directions (PGDs) had not been adopted by the practice to allow its practice nurse to administer medicines in line with legislation. At this inspection, appropriately signed PGDs were in place for the practice nurse.

When we inspected in March 2016, we noted that recruitment processes and practices were not appropriate to keep people safe, in that we did not see evidence of pre-employment checks on file for a member of administrative staff who had worked at the practice during January 2016.

At this inspection, we reviewed the personnel file of a GP, a receptionist and the locum GP and found appropriate checks had been undertaken. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and had recently carried out a fire drill. The practice manager and an administrator were designated fire marshals within the practice. We noted that the practice did not have a fire evacuation plan to identify how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Since 1 January 2017, the supporting GPs and practice manager had undertaken a range of risk assessments to

Are services safe?

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

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was also a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

We looked at arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 for major incidents such as power failure or building damage and which included emergency contact numbers for staff. However, we noted that backup copies were not kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in March 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of quality improvement and in respect of managing incoming correspondence were not adequate.

We found arrangements had improved when we undertook a follow up inspection on 26 January 2017, however we did not see evidence of an overall quality improvement plan to monitor and drive improvements in patient outcomes. The practice is rated as requires improvement for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.

Management, monitoring and improving outcomes for people

Before our inspection, we reviewed the most recent published Quality and Outcomes Framework (QOF) data (which, we noted, covered the time period 1 April 2015 - 31 March 2016). QOF is a system intended to improve the quality of general practice and reward good practice. We noted that the time period was prior to the supporting GPs joining the practice.

The most recent published results were 96% of the total number of points available, with 9% exception reporting (8% for Barnet CCG). 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.

Data from 2015/16 showed:

- Performance for diabetes related indicators was 96% (which was 9% above the CCG and 6% above the national averages).

• Performance for hypertension (high blood pressure) related indicators was 96% (which was 1% above the CCG average and 1% below the national average).

• Performance for mental health related indicators was 86% (which was 3% below the CCG average and 4% below the national average).

Although the supporting GPs had yet to commence clinical audits, we saw some evidence of other quality improvement activity:

- Before our inspection we were aware that the latest published diabetic related indicators showed that exception reporting was above local and national averages. The supporting GPs were also aware of performance in this area and we were told that there were plans to further investigate.
- Findings were used by the practice to improve services. For example, the supporting GPs had recently begun to work with the local CCG regarding medicines optimisation for patients with diabetes. Interim findings had highlighted failings in some elements of the patient recall process which, we were told, were being further investigated.

However, we did not see evidence of an overall quality improvement plan to monitor and drive improvements in patient outcomes.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice manager and supporting GPs had produced an induction programme for the practice's administrative staff members and which included topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We were also told that staff members' induction had included being based at the supporting GPs' main practice so as to gain familiarity with the above protocols and other work areas.
- 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.

- We were told that the learning needs of staff would be 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 and nurses.
- 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

When we inspected in March 2016, we identified over 100 items of incoming correspondence in the main administrative office dating back approximately eight weeks. The correspondence had not been date stamped and some items had not been initialled to confirm that they had been reviewed by one of the GPs. We could not be assured that the correspondence had been reviewed or actioned.

At this inspection, we noted that the supporting GPs had introduced a protocol to ensure that incoming correspondence was date stamped and actioned in a timely fashion. When we reviewed the clinical system we noted that fewer than 15 items had been received in the previous 48 hours and that these had been reviewed and actioned as necessary. Records also showed that the incoming correspondence protocol had been discussed at a recent team meeting.

We also noted that 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 clinical system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of five documented examples we reviewed, we found that 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. Information was shared between services, with patients' consent, using a shared care record.

We were also told that teleconference meetings would take place with other health care professionals on a monthly basis to ensure that 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.
- We were told that where a patient's mental capacity to consent to care or treatment was unclear, a GP or the practice nurse would assess the patient's capacity and, record the outcome of the assessment.
- We were told that the process for seeking consent would be monitored through patient records audits.

Supporting patients to live healthier lives

We were shown unverified practice data which showed that as of the day of the inspection, uptake for the cervical screening programme for 2016-17 was 78%. Childhood immunisations were carried out in line with the national childhood vaccination programme. For example, unverified data we were shown on the day of the inspection showed that rates for the vaccines given to under two year olds ranged from 84% to 91% and that performance for five year olds was 79%.

There was a policy to offer telephone or written 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.

Are services effective?

(for example, treatment is effective)

There were also failsafe systems 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.

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

and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 3 March 2016, we rated the practice as requires improvement for providing caring services. This was because although patients fed back that they were treated with dignity and involved in care decisions; GP patient survey satisfaction scores below the CCG and national averages and there was no action plan in place to drive improvements.

At this inspection we saw evidence of actions taken by the supporting GPs to improve satisfaction scores on how patients were involved in decisions about their care, on the extent to which they were listened to and on the helpfulness of reception staff.

However, we did not see evidence of a written action plan to monitor the impact of any of the above changes on patient satisfaction scores. Furthermore, performance against several indicators had worsened since our previous inspection. The provider is therefore rated as inadequate.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 15 patient Care Quality Commission comment cards fed back that the practice offered an excellent service and that staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when patients 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 below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 66% of patients said the GP was good at listening to them compared with the national and clinical commissioning group (CCG) average of 89%. This had decreased from 70% at our last inspection.
- 66% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%. This had decreased from 74% at our last inspection.
- 77% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%. This had decreased from 91% at our last inspection.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 85% of patients said the nurse gave them enough time compared with the CCG average of 97% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

We saw evidence that the supporting GPs were aware of and had taken action to improve low patient satisfaction

Are services caring?

scores regarding the helpfulness of reception staff. For example, reception staff members' induction had included being based at one of the supporting GPs' main practice, so as to identify training needs and offer appropriate support.

When we asked a receptionist how they would ensure that patients with a learning disability were treated with dignity and respect, they stressed the importance of recognising each patient's individual needs.

Care planning and involvement in decisions about care and treatment

Face to face and comment card feedback was positive regarding how patients felt involved in decisions 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.

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 below local and national averages. For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%. This had decreased from 75% at our last inspection.
- 56% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%. This had decreased from 66% at our last inspection.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice manager was aware of the areas where performance was lower than average. They told us they were confident that the patient centred approach of the

new, supporting GPs would result in improved patient satisfaction in these areas. However, there was no formal action plan in place to monitor the impact of any changes on patient satisfaction scores.

The practice provided facilities to facilitate patients' involvements in decisions about their care:

- Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception area informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 12 patients as carers (less than 0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced 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. We were told that a named member of staff was also identified as a patient liaison officer to provide additional support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 3 March 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

When we undertook a follow up inspection on 26 January 2017, we noted that complaints management systems had significantly improved. The practice is therefore now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Wednesday evenings until 7pm for working patients who could not attend during normal opening hours. In addition, patients had recently also been offered Monday and Tuesday evening extended opening appointment slots from the supporting GPs' main practice and one of its branch locations.
- 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.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpreting services available.

Access to the service

The practice's opening hours are:

- Monday-Friday: 8:15am-1pm and 2pm-6.30pm

Appointments are available at the following times:

- Monday: 9:30am-12pm and 3:30pm-5:30pm
- Tuesday: 9:30am-12pm and 3pm-6pm
- Wednesday: 9:30am - 12:00pm and 3pm-6pm
- Thursday: 9:30am-12:30pm and 3pm-6:30pm
- Friday: 9:30am-12pm and 3pm-6:30pm

The practice offers extended hours opening at the following times:

- Wednesday: 6:30pm-7:00pm
- Patients are also able to access extended opening appointments on Monday and Tuesday evenings from the supporting GPs' main practice and one its two branch locations.

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

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally above local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 72% and the national average of 76%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 89.5% and the national average of 92%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

We saw evidence that the practice had taken action to improve low patient satisfaction regarding opening hours by improving access to extended opening appointments from two other local practices.

We also looked at patient feedback on waiting times and noted:

- 26% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

Long waiting times meant that some people were not able to access services for assessment, diagnosis or treatment when needed. However, we did not see evidence that action had been taken to improve this element of the service so that it met people's needs.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. When we looked at the practice's appointments system we noted that emergency appointments were available that day and that routine appointments were available within 48 hours.

The practice had a system 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.

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP

responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation, according to clinical need.

Listening and learning from concerns and complaints

When we inspected in March 2016, we identified concerns regarding complaints management in that there were no responses on file for the four written complaints received in the previous 12 months or evidence that staff met formally to discuss complaints, share learning or agree actions to improve the quality of care.

At this inspection we noted that although, there had not been any complaints received since 1 January 2017 when the supporting GPs joined the practice, there was an effective complaints management system in place. For example:

- A new complaints policy and procedures had been introduced which 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.
- Information was available to help patients understand the complaints system such as complaints leaflets and forms in reception.
- Records showed that complaints management had been discussed at a team meeting shortly after the supporting GPs had taken over the practice. We noted that the discussion included duties and responsibilities towards patients, details of the practice's new complaints officer and the time frames for acknowledging and responding to complaints. We were also advised that complaints would be a standing agenda item at future meetings.
- We noted that the practice manager and supporting GPs' approach to complaints management was consistent with meeting its requirements under the duty of candour (for example by stipulating that complainants be kept informed about any investigations and their outcome).

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 3 March 2016, we rated the practice as inadequate for providing well-led services because governance arrangements did not always support the delivery of high-quality care.

When we undertook a follow up inspection on 26 January 2017 supporting GPs had taken action and that governance arrangements had significantly improved. However, these improvements had only recently been introduced and we could not be assured that they would be sustained. The provider is rated as requires improvement for providing well led services.

Vision and strategy

The supporting GPs told us that their priority was to strengthen clinical governance systems at the practice and to ensure the delivery of safe, high quality and compassionate care. Records showed that a team meeting had recently taken place and that the GPs had attended the meeting to explain their vision for the practice and how they saw staff team members contributing to this vision.

Governance arrangements

When we inspected in March 2016, governance arrangements did not support the delivery of high-quality care. For example, risks relating to the safe storage of vaccines and management of incoming correspondence were not well managed and there was little evidence of quality improvement.

At this inspection, we saw evidence that the supporting GPs and practice manager had begun to introduce an effective governance framework which focused on the delivery of good quality care. For example:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. For example, during their induction administrative staff had been asked to work from the supporting GPs main practice to ensure appropriate training and familiarity with protocols. An existing senior administrator had been relocated to the new practice to help identify governance concerns and enable prompt action by the leadership team.

- Practice specific policies were implemented and were available to all staff. A recent team meeting had covered governance areas such as training, information governance and significant events reporting.
- The meeting minutes noted that future meetings would provide an opportunity for staff to learn about the performance of the practice.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example since 1 January 2017, staff had undertaken an infection control audit, a Legionella risk assessment, a health and safety risk assessment and a fire risk assessment.

The supporting GPs told us that their efforts to improve governance had been hindered by a lack of cooperation by the senior GP (for example declining to provide key documentation such as the significant events log and a copy of a governance improvement action plan produced by an external consultant shortly after our March 2016 inspection).

We noted that the supporting GPs and new practice manager had started to implement systems and protocols to monitor the effective delivery of high-quality person-centred care. However, these improvements had only recently been introduced and we could not be assured that they would be sustained.

Leadership and culture

On the day of inspection the supporting GPs told us that their priority was to ensure the delivery of safe, high quality and compassionate care. Staff told us the supporting GPs were approachable and always took the time to listen to all members of staff.

They were aware of and had systems to ensure compliance with the requirements of the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). They also encouraged a culture of openness and honesty; and there was a clear leadership structure. Staff told us that they felt supported by management.

- We were told that the practice had plans to set up monthly teleconference based multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.

Are services well-led?

Requires improvement 

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

- The practice had recently held its first staff meeting and we were told that these would be taking place on a four to six weekly basis.
- Staff said they felt respected, valued and supported. The supporting GPs told us that they 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 and staff. It had begun to proactively seek feedback from the NHS Friends and Family test and

through staff meetings. We were told that the practice had recently started a patient survey to seek views on the service and also that the patient participation group would shortly reconvene (having last met in 2016).

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.

Continuous improvement

We were told that the supporting GPs' main practice was a teaching practice. They spoke positively about their plans to embed a culture of continuous learning and improvement at all levels within the practice we inspected.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good Governance</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided in that:</p> <p>There were no arrangements in place to assess, monitor and improve the quality and safety of the services provided.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

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.