Dr Su Su Thwe

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Su Su Thwe on 19 January 2017. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews, investigations and learning's were not thorough enough.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not in all instances implemented well enough to ensure patients were kept safe, specifically in relation to fire risk assessments, fire drills and training for staff, no health and safety and legionella risk assessments, gas certificate and fixed wire testing.
- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect, and they were involved in their care and decisions about their treatment.
- Patients commented that the premises needed updating and there was poor disabled access.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Staff did not always feel supported by management. The practice 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 practice had a number of policies and procedures to govern activity, but not all were being followed.

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example fire, health and safety and legionella risk assessments were not undertaken.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, not all staff within the practice had undertaken training in the safeguarding of children and vulnerable adults relevant to their role.
- Breaks in the cold chain were not always investigated, for example, where temperatures were out of range there was no evidence of actions taken.
- No staff had had fire training, there was no fire risk assessment, or record of fire drills.
- The practice had no system for monitoring and disseminating safety alerts.
- Not all staff had the appropriate recruitment checks conducted prior to commencing employment.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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.
- The clinical audits we viewed did not demonstrate 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

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

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

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they 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 facilities needed updating the waiting area was small and there was poor disabled access.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice did not have a vision or a visible strategy.
- There was a documented leadership structure but not all staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice had an induction protocol but not all staff had received the training outlined in it.
- Non-clinical staff had not received all training relevant to their role including fire training.

Summary of findings

- The practice held practice and clinical meetings but the minutes were brief with little information on what had been discussed or any actions arising from it.

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

Requires improvement

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

- 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.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above average.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% which was higher than the national average of 84% (this was for eight patients').

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c

  is 64 mmol/mol or less in the preceding 12 months was 77% which was comparable to the national average of 78%.
- 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.

Summary of findings

Families, children and young people

Requires improvement

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

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

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

- 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.
- Online appointment booking and prescription requests were available.
- Telephone consultations with clinicians were available to meet the needs of this population group.
- Patients aged 40–74 had access to appropriate health assessments and checks that were followed up where abnormalities or risk factors were identified.
- The practice offered extended hours surgery twice a week.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- 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.
- 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)

Requires improvement

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

- The percentage of patients with Schizophrenia, bipolar disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months was 86% which was comparable to the national average of 89%.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixteen survey forms were distributed and 90 were returned. This represented 5% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone which was higher than the CCG average of 66% and the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried which was lower than the CCG average of 72% and the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good which was lower than the CCG average of 82% and the national average of 85%.
- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area which was lower than both the CCG average of 77% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Patients felt that the staff were professional and caring and were happy with the quality of care given by the GP and nurse.

We spoke with four patients during the inspection. They all said they were satisfied with the care they received and thought staff were approachable, committed and caring. They felt that appointments did not always run on time but were happy with the consultation length. They also felt that the premises were outdated and not suitable, they mentioned the lack of heating and the lack of access for wheelchair and pram users.

The friends and family test results showed that 76% of patients find it easy to get through on the phone, compared to the CCG average of 66% and the national average of 73%. 50% of patients would recommend the surgery to someone new to the area compared to the CCG average of 75% and the national average of 78%). In addition, 86% of patients had confidence and trust in the last GP they saw or spoke to compared to the CCG and national average of 95%.

Areas for improvement

Action the service MUST take to improve

- Ensure there is a system in place for staff to complete mandatory training, in particular fire safety, safeguarding and basic life support.
- Investigate safety incidents thoroughly and ensure that they are recorded and there is evidence of learning.
- Establish a system for disseminating and acting upon national patient safety alerts to ensure staff are aware of the process.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service SHOULD take to improve

- Develop an ongoing programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- Ensure all policies and procedures to govern activity are reviewed and relevant to the service.
- Introduce a cold chain system and ensure that actions are taken when temperatures are out of range.
- Review disabled patient access to all parts of the practice.

Dr Su Su Thwe

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Su Su Thwe

The practice is located on Ballard's Lane, West Finchley, close to West Finchley underground station and is in a converted two storey house. The building is owned and partly maintained by a private landlord. The practice provides NHS primary medical services to approximately 1600 patients through a General Medical Services (GMS) contract (a GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities) with the local Clinical Commissioning Group (CCG).

The practice provides a range of enhanced services including, child and travel vaccines. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury and diagnostic and screening procedures.

There is one GP (female) who does nine sessions per week and the practice nurse (female) works two sessions per week. The practice manager works 24 hours per week and there are a variety of administration and reception staff working 50 Hours per week.

The premises do not have step free access or an accessible toilet but do have baby changing facilities.

The practice is open from;

- Monday: 8:30am – 6:30pm
- Tuesday: 8:30am – 6:30pm
- Wednesday: 8:30am – 1:00pm
- Thursday: 8:30am – 6:30pm
- Friday: 8:30am – 6:30pm

Appointments were from;

- Monday: 9:00am – 11:00pm and 4:00pm to 6:00pm
- Tuesday: 9:00am – 12:00pm and 4:00pm to 6:00pm
- Wednesday: 9:00am – 11:00am
- Thursday: 9:00am – 12:00pm and 4:00pm to 6:00pm
- Friday: 9:00am – 11:00pm and 4:00pm to 6:00pm

Extended hours appointments were 07:30am to 08:00am with the nurse on a Wednesday and 6:30pm and 7:00pm on a Thursday with the GP. The practice also provides telephone consultations and home visits which are carried out between morning and evening surgery. Out of hour's including weekends are covered by the local out of hour's service provider and the 111 service.

The practice working age population is 64% aged between 25 to 64. The practice population is 64 % white British with Indian being the next largest group at 11%. The average male and female life expectancy for the practice is 81 years for males (compared to 81 years within the CCG and 79 years nationally), and 84 (compared to 84 years within the CCG and 83 years nationally) years for females. Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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.

This service was inspected under the previous programme in 27 March 2014 and the practice was found to be non-compliant.

A follow up inspection was carried out on 15 July 2014 and the practice was found to be compliant.

How we carried out this inspection

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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 19 January 2017. During our visit we:

- Spoke with a range of staff (one GP, one practice nurse, one practice manager and one receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events however there was no evidence of learning from them.

- 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 some analysis of the significant events and it was minuted that they were discussed at meetings but there was no evidence of what was agreed or any learnings from the incident.
- The practice had no system for receiving, recording and disseminating safety alerts, which meant that medicines were not always prescribed as per current guidelines, for example; there was also no evidence that these or any other safety alerts were discussed at meetings.

Overview of safety systems and processes

The practice had some defined and embedded systems, however not all processes and practices were in place to keep patients safe:

- 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. The GP was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but not all staff had received training on safeguarding children and vulnerable adults relevant to their role. The GP, nurse and practice manager were trained to child and adult safeguarding level three but administration staff had not been trained.
- A notice in the waiting room advised patients that chaperones were available if required. The nurse and practice manager were trained 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 but in need of updating in areas such as making the waiting area wheelchair accessible, replacing the carpeting throughout the building, heating in the waiting area, also the waiting area was very small. The lead GP 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 (most recent July 2016 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. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- The practice had a cold chain policy and monitored temperatures in the vaccine fridge but we found no evidence of action taken as result of the temperatures being out of range. Staff advised me that they would

contact the manufacturers when this happened (after the inspection the practice advised us they had amended their form to show actions taken when there was a break in the cold chain).

- We reviewed four personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, we found no proof of identification, references, signed confidentiality agreement and not all staff were DBS checked. The practice could provide evidence of professional qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were insufficient procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy but no health and safety risk assessment had been carried out. The practice had one member of staff who had done fire marshal training, however there were no other staff who had fire training. There was no fire procedure, risk assessment or record of regular fire drills. The practice did not have an up to date gas safety certificate and electrical equipment was not checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly by the practice nurse. The practice did not have risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following the inspection, we received evidence that the practice had obtained the required certification for gas safety, electrical equipment testing and conducted a risk assessment for Legionella. In addition, all members of staff requiring fire training have been registered to attend a course.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice did not have 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.
- Only the GP and nurse 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, however the battery was out of date and should have been replaced in 2015. After the inspection the practice confirmed this had been replaced. A first aid kit and accident book was 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff told us they 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.

- Clinical meeting minutes showed no evidence of updates being discussed or changes as a result of them.

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 98% of the total number of points available in 2015/16, with an exception reporting rate of 11% which was comparable to the CCG average of 8% and the national average of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to national averages; For example the percentage of patients on the diabetes register, who's last blood pressure reading was 140/90mmHg or less in the last 12 months was 81%, which was comparable to the CCG average of 76% and national average of 78%. Exception reporting was10% which was the same as the CCG with the national average being 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5mmol/l or less in the last 12 months, was 78% which the same as the CCG average and comparable to the national average of 80%. Exception reporting was 11% compared to CCG average of 9% and the national average of 13%.
- 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% which was the same as the CCG and comparable to the national average 83%. Exception reporting was 8% compared to CCG and national average of 4%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 86% which was comparable to the CCG and national percentages of 91% and 89% respectively. Exception reporting was 0% compared to CCG average of 5% and the national average of 10 %(this was based on a total number of patients of 22).

  There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years one was a two cycle audit where the improvements made were implemented and monitored However, there was no ongoing programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- The completed audit showed an improvement in the management of lower back painas a consequence of the first audit cycle. An improvement for MRI referrals was identified and implemented the changes were included; not offeringX-ray of the lumbar spine for the management of non-specific low back pain. Consider MRI when a diagnosis of spinal malignancy, infection, fracture, or any inflammatory disorder was suspected.

  These steps produced significant improvement in referrals for MRI in the second audit cycle. The audit data had proved that the practice had been able to achieve better outcome, considering safety and efficacy in managing back pain and also able to demonstrate high standards of improving patient care.

Effective staffing

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

- The practice had an induction protocol for all newly appointed staff however this was not always followed as there were gaps in the records viewed, for example topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality were not completed by all staff.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse attended regular cervical screening updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of 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 some 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 and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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.
- The process for seeking consent was 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 and patients were signposted to the relevant service.
- Dietetic advice was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 78% and the national average of 81%. 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. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients screened for breast cancer in the last 36 months was 71% which was comparable to the CCG average of 68% and the national average of 72%. The percentage of patients aged between 60-69 screened for breast cancer in the last 30 months was 43% which was lower than the CCG average of 49% and the national average of 58%.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were lower than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 37% to 71% (lower than the national average of 90%) and five year olds from 93% to 100% (higher than the national average 88% to 94%).

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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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

We spoke with five 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 below average for its satisfaction scores on consultations with the GP but above average for the nurse. For example:

- 68% of patients said the GP was good at listening to them which was lower than the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 71% of patients said the GP gave them enough time which was lower than the CCG average of 84% and the national average of 87%.
- 80% of patients said they had confidence and trust in the last GP they saw which was lower than both the CCG average of 91% and the national average of 92%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern which was lower than both the CCG average 84% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern which was comparable to the national average of 91%.
- 96% of patients said the last nurse they saw or spoke to was good at giving them enough time which was higher than both the CCG average of 87% and the national average of 92%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 negatively to questions about their involvement in planning and making decisions about their care and treatment, with the exception of the nurse who scored higher than local or national averages. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments which was lower than both the CCG average of 84% and the national average of 87%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments which was higher than both the CCG average of 85% and the national average of 90%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care which was lower than the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care which was higher than the national average of 85%.

Requires improvement

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We did not see notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Interpreting services were available, but no leaflets were available to inform patients of this.

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 26 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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. The practice has identified that it had a larger proportion of older patients and offered a Fall clinic service for patients who were risk of falls or had a history of falls. This service was provided in conjunction with the Barnet Intermediate Care Service.

- 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.Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice had step free access to the building but not to the waiting room.

Access to the service

The practice was open between 8:30am and 6:30pm Monday, Tuesday, Thursday and Friday, on Wednesday it was 8:30am and 1:30pm.

Appointments were available from 9:00am to 11:00am and 4:00pm to 6:00pm Mondays and Fridays 9:00am to 12:00pm and 4:00pm and 6:00pm Tuesday and Thursdays and 09:00am to 11:00am on Wednesdays.

Extended hours appointments were 7:30am to 8:00am with the nurse on a Wednesday and 6:30pm and 7:00pm on a Thursday with the GP. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 67% of patients were satisfied with the practice's opening hours which was lower than the CCG average of 72% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone which was higher than the CCG average of 66% and the national average of 73%.

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

The practice had a system in place to assess:

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

For home visits patients had to call in the morning before 10:00am and the GP triaged the calls to make an informed decision on prioritisation according to clinical need.

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 three complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. 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, a patient complained that the transfer of their medical notes to their new practice had been delayed and could have affected the medication prescribed. The practice was able to show that they had indeed been timely in transferring the records electronically but there had been a delay in sending the hard copies. The new practice had prescribed using the electronic records they received. The patient was written to with this explanation and an apology

Good

Are services responsive to people's needs?

(for example, to feedback?)

for any confusion caused. This was discussed in the practice and a checklist produced for record requests outlining when received and when it was sent electronically and physically.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The GP told us that she had a vision to deliver high quality care; however the lack of systems policies and protocols did not support this.

- The practice did not have a mission statement and staff were unable to demonstrate they understood the practice values.
- There were no strategies or supporting business plans reflecting the vision and values of the practice.
- The practice had a business continuity plan.

Governance arrangements

The practice did not have a governance framework which supported the delivery of a strategy and good quality care.

- 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 was a limited programme of continuous clinical and internal audit to monitor quality and to make improvements with the practice only having a small number of audits and only one completed.
- There were no arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Following the inspection, we received evidence that the practice had obtained the required certification for gas safety, electrical equipment testing and conducted a risk assessment for Legionella. In addition, all members of staff requiring fire training have been registered to attend a course.
- Non-clinical staff had received training relevant to their role such as safeguarding.

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 GP 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 did not keep records of verbal interactions but kept some for written correspondence.

There was a clear leadership structure in place but and staff did not always feel supported by management.

- Staff told us the practice held 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.
- Staff said they felt respected, but senior staff did not always feel supported by the lead GP.
- All staff were involved in discussions about how to run and develop the practice, and the management 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 views were asked for over a proposed merger with another nearby practice, these views were used as part of the practice application to the local CCG.
- 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 did not feel involved and engaged to improve how the practice was run.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice failed to mitigate any risks associated with fire safety. A fire risk assessment had not been carried out, there were no fire drills and staff members had completed fire training. The practice had no systems for receiving, recording and disseminating safety alerts. There were no processes to ensure that the cold chain was maintained including no evidence of actions taken when fridge temperatures were out of range. This was in breach of regulation 12(1of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The provider failed to ensure that the necessary pre-employment checks had been completed on staff members. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.