

BFG Offices

Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

We carried out an announced comprehensive inspection of Barnet Federated GPs as part of our inspection programme. We inspected the BFG Offices headquarters on 17th December 2019 and three of the eleven sites located across Barnet on 25th January 2020.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

At this inspection we found:

The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.

The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.

Staff involved and treated patients with compassion, kindness, dignity and respect.

Patients found the appointment system easy to use and reported they were able to access care when they needed it.

There was a strong focus on continuous learning and improvement at all levels of the organisation.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to BFG Offices

Barnet Federated GPs is an organisation made up of 52 general practices in the London borough of Barnet covering a population of approximately 400,000. The headquarters known as BFG Offices is located at 311 Ballards Lane, Finchley, London, N12 8LY. The organisation provides extended access services across 11 general practice sites within Barnet. Barnet Federated GPs is registered with CQC to provide diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

At this inspection we visited the headquarters and three of the 11 sites including:

- Dr Azim and Partners, 67 Elliot Road, Hendon, London, NW4 3EB
- Millway Medical Practice, Hartley Avenue, Mill Hill, Edgware, London, NW7 2HX
- Oak Lodge Medical Centre, 234 Burnt Oak Broadway, Burnt Oak

The remaining eight locations were not visited as part of this inspection but are utilised by Barnet Federated GPs to provide extended access services are:

- East Barnet Health Centre
- Longrove Surgery
- St Andrews Medical Practice

- Wentworth Medical Practice
- Torrington Park Group Practice
- PHGH Doctors
- Greenfields Medical Practice
- Woodlands Medical Practice

Barnet Federated GPs is led by a board of 7 local members which includes a Chair, a Chief Executive, a Clinical Governance Lead and four Directors. The workforce is made up of 22 employed staff based at BFG Offices, 19 local clinical leads, eight specialist advisors, 104 local sessional clinicians and 46 local sessional receptionists.

The extended access GP and Nurse services provided by Barnet Federated GPs runs across multiple sites and includes anticoagulation clinics and diabetes clinics. The service is designed to provide a continuous GP service for residents of Barnet with services available during evenings and weekends when NHS GP services within the borough are closed. The opening times are variable across each of the 11 site locations, however the service is provided from 6.30pm to 9pm Monday to Friday and 8am to 8pm Saturday and Sunday. The service provides pre-bookable GP and nursing appointments for the treatment of adults and children.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The provider had clear systems to keep people safe and safeguarded from abuse.

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. There was a comprehensive training schedule and matrix and all staff were trained to the appropriate safeguarding level for their role. We saw an example of safeguarding which was identified by a clinician during a patient consultation, the provider was able to demonstrate the safeguarding concern was appropriately followed up and shared with the relevant organisations including the patients GP.
- Patients were made aware that a chaperone service was available if required. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. For example, there were systems in place to check that clinicians were registered with the appropriate professional agency and had completed all relevant medical qualifications.
- There was an effective system to manage infection prevention and control. We observed the premises at all three site locations where clinical services were provided to be clean and tidy. We saw evidence of cleaning specifications and records were in place to demonstrate cleaning took place on a daily basis. The service undertook regular infection prevention and control audits and acted on the findings.
- The service had arrangements to ensure facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

- We reviewed personnel files for both employed and sessional staff and found appropriate recruitment checks had been undertaken prior to employment.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods. For example, the provider does not use locums, clinical sessions were covered by their own sessional members of staff.
- There was a comprehensive induction system for all staff tailored to their individual roles, we saw evidence these inductions were completed and recorded when we reviewed personnel files.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- All staff had undertaken fire safety training and they were trained fire marshals.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff knew how identify the red flags symptoms for severe infection including sepsis.
- When there were changes to services or staff the provider assessed and monitored the impact on safety.
- The provider had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the provider created an assurance pack referred to as 'the blue folder'. The blue folder was available at each of the 11 sites and contained important information such as induction and

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handover checklists, practice information, reception arrival and leaving checklist, location of provider equipment, hub leads along with contact numbers and emergency contact information, equipment checklists for GP, nurse, diabetic and anticoagulation clinics, policies and procedures including needlestick injury protocols and two-week referral process.

- Clinicians made timely referrals in line with protocols, clinicians we spoke with knew where to access referral protocols.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines including emergency medicines and equipment, which minimised risks.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance.
- The provider monitored its prescribing and had systems in place to ensure prescribing was in line with national and local guidance. For example, the provider completed clinical audits to monitor and improve prescribing where possible, we saw two completed clinical prescribing audits.
- Clinical performance audits were completed for GPs working for the federation, the audit included a section on prescribing which focuses on whether the prescriptions were clinically appropriate and followed evidence based and recognised good practice.

Track record on safety

The service had a good track record on safety.

- The provider monitored and reviewed safety using information from a range of sources.
- There were comprehensive risk assessments in relation to safety issues for example, annual fire risk assessments, health and safety risk assessment, annual infection prevention and control audits, annual portable appliance testing, annual calibration of medical equipment and risk assessments were in place for any storage of hazardous substances.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The provider learned and shared lessons, identified themes and took action to improve safety in the service. The provider informed us all incidents were investigated and any learning from these incidents was shared with staff. We saw evidence the service carried out a thorough analysis of significant events. Incidents were shared with staff and where appropriate with the local Clinical Commissioning Group (CCG).
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The provider maintained a log of all relevant medicines and safety alerts and actions undertaken for relevant alerts. The provider informed us they discussed medicines and safety alerts in clinical meetings and minutes of these meetings were disseminated to all clinical staff to ensure learning; we saw evidence to support this.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions. Patient feedback supported this finding.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The service monitored these guidelines through risk assessments, audits and random sample checks of patient records.
- Reception staff knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

Monitoring care and treatment

There was evidence of quality improvement the provider routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- The service undertook regular prescribing audits. We reviewed audits completed on Z-drugs, medicines typically used for the treatment of insomnia, and prescribing for urinary tract infections (UTI). The audits demonstrated clinicians working for the provider were following national and local prescribing guidance.
- The service completed regular audits of GP consultation notes for clinical effectiveness and provided one to one feedback for clinicians if any concerns were identified. We saw evidence to support this. The review system incorporated The Royal College of General Practitioner audit toolkit. Each case was audited against seven domains with an overall performance threshold. The audit scored clinicians on appropriate history taking including identifying relevant history and red flags, appropriate examination had been performed including gaining consent, appropriate diagnosis/conclusions, appropriate management including referrals and investigations, safe and appropriate prescribing, safety-netting and the appropriate follow-up of referrals and investigations.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, all staff had access to online training through blustream.
- The service understood the learning needs of staff and provided protected time and training. Up to date records of skills, qualifications and training were maintained through a comprehensive training and skills matrix. Staff were encouraged and given opportunities to develop.
- Mandatory training for staff included Anaphylaxis and Basic Life Support, Chaperoning, Equality and Diversity, Fire Safety, Infection Prevention and Control, Data Security and Protection, Mental Capacity Act, Health and Safety, Safeguarding adults and children and General Data Protection Regulation.
- The service provided staff with ongoing support. There was an induction programme for new staff which was clearly documented. This included one to one meetings, coaching and mentoring and clinical supervision, where needed.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the provider ensured all nurses working for the service were up to date with cytology training.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The service shared clear and accurate information with relevant professionals.
- Patients received coordinated and person-centred care; patient feedback was overwhelmingly positive about the service.

Helping patients to live healthier lives

The provider was not able to deliver continuity of care to support patients to live healthier lives in the same way that a GP practice would. However, we saw the service demonstrated their commitment to supporting the

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management of diabetes within the borough. For example, through their diabetes clinics run from two site locations and available for by referral to patients from all NHS GP Practices within Barnet.

Staff we spoke to were able to demonstrate a good knowledge of local and wider health needs of patient groups who may attend the service. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. The service supported clinicians in keeping up to date with legislation and guidance by ensuring all staff were able
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We interviewed three patients and their feedback was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. The provider ensured all staff were up to date with equality and diversity training.
- The service gave patients timely support and information.
- The provider was proactive in seeking patient feedback. Patients were given a survey when arriving for their appointments and were asked to complete the survey rating their care and treatment after the consultation. Patient feedback from the surveys was consistently positive.
- The provider put value on patient feedback and extended the feedback process to ensure practice managers, GPs and other staff had the opportunity to feedback on the services provided.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard; a requirement to make sure that patients and their carers can access and understand the information they are given.

- Staff communicated with people in a way they could understand, for example, through the use of interpreters for patients who did not speak English as their first language.
- Staff helped patients and their carers find further information and access community and advocacy services.
- Patients of the anticoagulation clinic were given longer appointments.
- Diabetic patients were able to partake in group appointments with specialist diabetes nurse and a dietician.

Privacy and dignity

The service respected patients' privacy and dignity.

- We observed reception staff on the day of inspection, we found staff used discretion when checking patients in for consultations.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. We saw many interactions between staff and patients on the day of inspection. We found staff were consistent in their approach to treat patients with respect and dignity.
- CQC comment cards reflected our observations.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. For example, through the provision of diabetes and anticoagulation clinics available to all residents of Barnet.
- The facilities and premises were appropriate for the services delivered.
- The provider made reasonable adjustments when patients found it hard to access services. For example, the diabetes clinics were held on weekends to maximise patient engagement.
- The provider had access to translation services and there were hearing loops in place in the reception areas for patients who had hearing difficulties.
- The provider was responsive to patient feedback. For example, a patient fed back they could hear the conversation taking place during a patient consultation. The provider shared the feedback with the host practice and ensured a different consultation room was used by staff for the extended hours service.

Timely access to care and treatment

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- The service had a back-up rota system which they utilised if appointments were not running to time and if there was a large demand for appointments.
- Waiting times and delays were minimal and managed appropriately.
- Operating hours varied across the 11 sites, the service was open between 6:30pm to 9pm Monday to Friday and between 8am to 8pm on Saturday and Sunday.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.
- There were seven complaints within the last 12 months. We reviewed three complaints and found the provider was open and responded in line with their complaint's procedure.

Are services well-led?

We rated the service as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable, staff we spoke with on both days of the inspection confirmed this. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver continuous high quality, sustainable care.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the borough. The service planned its services to meet the needs of the service population. For example, providing a domiciliary service for elderly patients.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The provider focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity and employed a diverse workforce. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Organisation leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a clear management structure and staff told us they knew who they were accountable to within the organisation.
- The provider had a comprehensive schedule of meetings in line with their governance arrangements, this included clinical and non-clinical meetings.
- The provider had effective processes for managing a large and complex workforce. For example, role specific induction and training needs, role specific agreements setting out the expectations and purpose of each role and ensuring they had accurate and up to date information for every member of staff.

Managing risks, issues and performance

Are services well-led?

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance. Organisation leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The provider had plans in place and had trained staff to deal with major incidents.
- The provider considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients and staff.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The provider used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, data sharing agreements in place with all local practices.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The provider obtained feedback from patients from a range of sources including local Healthwatch, NHS choices (and other patient feedback websites), complaints, comments and suggestions, direct feedback during clinical encounters, patient survey and friends and family test.
- Staff we spoke to informed us they were always consulted before making any changes that may affect their work.
- The provider was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. For example, there was an assurance pack at all 11 site locations which contained important information for staff providing clinical and customer services.
- All staff had access to online training.
- Patient and staff feedback was proactively collected and used to shape the service.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.