

# Temple Fortune Health Centre

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Temple Fortune Medical Centre on 13 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- Palliative patients (those nearing the end of their lives), and their carers, were given access to their GP's private mobile number to use at any point during a 24 hour period should they need to raise concerns or discuss aspects of care and treatment. This was particularly helpful for the practice's Jewish population as religious custom dictates that when a patient passes away burial should take place without undue delays.

# Summary of findings

- The practice offers in house counselling and psychotherapy to support vulnerable patients including refugees or migrants presenting with post traumatic stress disorder, and also refer these and Farsi speaking patients to the community mental health service operated in house by Barnet Clinical Commissioning Group (CCG). This service is known as CANDI and is commissioned from Camden and Islington community mental health service.

The areas where the provider must make improvement are:

- Ensure all clinicians are trained in safeguarding adults and children to the required level 3.
- Ensure all non clinical staff are trained in safeguarding children to the required level 1.

The areas where the provider should make improvement are:

- Ensure that the IPC (Infection, prevention and control) lead receives training for this role in accordance with published guidelines and that IPC training is cascaded to clinical and non clinical staff.
- Ensure that practice staff have access to a defibrillator ) in line with UK resuscitation guidelines. (An automated external defibrillator (AED) is a lightweight, portable device that delivers an electric shock through the chest to the heart. The shock can stop an irregular heart rhythm and allow a normal rhythm to resume following sudden cardiac arrest. Sudden cardiac arrest is an abrupt loss of heart function).
- Improve systems to identify and support carers in line with published guidelines.
- Develop a clear terms of reference for the newly merged patient participation group (PPG)

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Not all staff had received safeguarding training to the appropriate standard (including a GP and four non clinical staff).

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher 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.

**Good**



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice regularly reviewed care plans for older patients who had been identified by the practice as being most at risk of admission to hospital care. We saw that action was taken to reduce the likelihood of readmission.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

### People with long term conditions

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

Good



- 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 IFCC HbA1c (is 64 mmol/mol or less in the preceding 12 months was 80%. Based on current performance the practice is expected to perform better than local and national averages for diabetic indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all

# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake of the cervical screening programme to date 78% which is comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

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

Good



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

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

Good





# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had 33 patients with dementia on their registers. Since July 2015 70% had had an annual review and the practice was on target to achieve 100%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months was 80%.The percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 95%. Based on current performance the practice is expected to perform better than local and national averages for mental health related indicators.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 an onsite counsellor offering weekly sessions to patients requiring support for issues such as depression or post traumatic stress disorder (PTSD). In addition to this support one of the practice's GP's offered psychotherapy where this was an identified need. Clinicians would also refer more acute patients to Camden and Islington community mental health service (CANDI) for assessment and support
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results published January 2016. The results showed the practice was performing better or in line with local and national averages.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 75%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 72%, national average 76%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 87%).

- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 80%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 7 comment cards which were all positive about the standard of care received. Key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We spoke with four patients during the inspection including a patient participation group member. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# Temple Fortune Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Temple Fortune Health Centre

Temple Fortune Medical Centre is situated in Hampstead Garden Suburb, North London within the NHS Barnet Clinical Commissioning Group (CCG). The practice is currently one of two located within the Temple Fortune Health Centre. Prior to July 2015, there were four practices at the health centre. In July 2015, three of the four practices registered decided to merge together to create the Temple Fortune Medical Group practice fully amalgamating the three established practices which had already been sharing its back office support including its practice manager for a number years. The remaining practice remains separate and is the premise's landlord.

The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services). The practice provides a range of enhanced services including adult and child immunisations, facilitating timely diagnosis and support for people with Dementia, and minor surgery.

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

The practice had a patient list of just over 6755 at the time of our inspection.

The staff team at the practice includes five partner GP's (2 male and 3 female), two Assistant salaried GP's (both female), two female practice nurses, one female phlebotomist (a health worker trained in taking blood) and a female counsellor. The practice has nine administrative staff members; including a practice manager, an audit manager and senior receptionist. All staff work a mix of full time and part time hours. Although the practice is not a designated training practice, for a number of years the practice has provided placements for undergraduate nursing and medical students from the University of Hertfordshire and Beer Sheva University in Israel.

The practice is open between 8.00am and 6.00pm Monday to Friday. Extended hours surgeries are offered on a Tuesday and Wednesday between 7.15am to 8.00am in the morning and on a Monday and Tuesday from 6.30pm to 7.30pm. The surgery is closed on Saturday and Sunday. To assist patients in accessing the service there is an online booking system, and a text message reminder service for appointments. Urgent appointments are available each day and GPs also complete telephone consultations for patients. An out of hour's service provided by a local deputising service covers the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring

# Detailed findings

depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice website as well as through posters and leaflets available at the practice.

There are approximately 270 GP appointments available per week, 180 appointments in the afternoon, 12 early morning appointments on a Tuesday and Wednesday and 8 late evening appointments available per week. The practice nurses and phlebotomist have 278 appointments available per week. (These exclude telephone consultations and home visits which are additional).

The practice had a lower percentage than the national average of people with a long standing health conditions (47% compared to a national average of 54%); and a lower percentage than the national average of people with health related problems in daily life (36.4% compared to a national average 49%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and in line with the national average for females.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 January 2015.

During our visit we:

- Spoke with a range of staff (GP's, practice nurses, the practice manager and members of the administrative team) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or the lead GP of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. When there are unintended or unexpected safety incidents, people received support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

For example, one significant event involved a patient who collected two prescriptions from reception and one of the prescriptions was for another patient. The patient had both prescriptions dispensed by the pharmacist. The pharmacist issued both sets of medicines and the patient collected both, one set being in another patient's name. The patient took some of the medication for the other patient. Once the practice was informed by the patient of this error the practice manager arranged a meeting with the patient concerned and GP. A letter of apology was sent. The practice reviewed its prescribing protocol and updated training for its reception staff in order to check each prescription given were for the correct patient. The practice also added a notice on the electronic information display in reception to remind patients to also check that the prescription they have received is the correct one. The practice held a clinical meeting and staff meeting to discuss the incident so that lessons could be learnt, risks mitigated and patient safety maintained. Practice staff demonstrated they understood the Duty of Candour.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training relevant to their role. However, one GP had not received an update in regards to safeguarding adults or children. We noted 4 members of the non clinical team had not received an update in safeguarding children to the required level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules in place and the practice was conducting annual infection control audits. We saw that action was taken to address any improvements identified as a result. There was an infection control protocol in place. The practice had established leads for infection prevention and control (IPC); a GP partner and practice nurse. We noted that the GP lead was shortly to attend a training course in IPC. The lead nurse for infection control had received appropriate IPC training as had clinical staff. However, a number of non clinical staff members had not received this training. Although they were able to tell us, for example, how to safely handle patient specimens and clear up spillages. The practice manager advised that this would be arranged following our visit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe

# Are services safe?

prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed 10 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises, such as fire safety and legionella assessments.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and we were informed that both clinical and non-clinical part time staff were happy to work additional hours to cover leave and sickness.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had access to oxygen with adult and children's masks available. It shared access to this with its neighbouring practice and performed its own checks. However, the practice did not have any satisfactory arrangements to access a defibrillator. The practice manager and lead GP told us that access to a defibrillator would be organised following our visit. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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). In July 2015 the practice became a newly registered entity; an amalgamation of three existing practices. Therefore, 2014/15 results are based on the previous individual practices and not the newly formed practice for which full year published results are not yet available. However, we looked at current performance for the practice for 2015/16 as at the 19th January 2015. It is important to note that this performance does not yet take account of exception reporting (which 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). Nor the indicators which are cumulative nor can they be benchmarked against comparators such as the CCG. However, all three practices had been performing better than comparators over recent years and were not an outlier for any QOF (or other national) clinical targets. Current data from April 2015 to January 2016 showed;

- 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 80%. Based on current performance the practice is expected to perform better than local and national averages for hypertension related indicators.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months was 80%. The percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 95%. Based on current performance the practice is expected to perform better than local and national averages for mental health related indicators.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 74%. For the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 83%. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 80%. Based on current performance the practice is expected to perform better than local and national averages for diabetic indicators.

Clinical audits demonstrated quality improvement.

- Two clinical audits had commenced since the practice formed in July 2015 and were both due to conclude in 2016. We noted that the practice had only begun as a new provider in July 2015. The audits related to cancer referrals and management of patients with gestational diabetes (GD) postpartum (following pregnancy). Practice leads told us that a clinical auditing schedule was under discussion following the appointment of new partners to the practice. We also saw examples of minor surgery audits and medication audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Initial findings were used by the practice to improve services. For example, recent action taken as a result of the audit of patients with gestational diabetes (GDM) postpartum (following childbirth) included clinical education for GP's and nurses in regard to supporting women with GDM following childbirth and



# Are services effective?

## (for example, treatment is effective)

implementation of a practice protocol on the management of patients with GDM using current guidelines. A patient leaflet was provided for those at risk of GDM at their initial check-ups following childbirth.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff accessed training that included: safeguarding, fire procedures, basic life support, information governance awareness and dealing with difficult situations . Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and counselling.
- Patients requiring counselling could be offered in house counsellor or psychotherapy by one of the practice's



# Are services effective?

(for example, treatment is effective)

lead GP's. Those patient's with more acute mental health needs were referred to Camden and Islington community mental health service (CANDI) for assessment and support. Patients were also signposted to the other relevant services.

- A practice nurse was trained to give smoking cessation advice should a patient require support.

The practice's uptake for the cervical screening programme to date was 78%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice was culturally aware of its Jewish population and ensured that practice nurses promoted the uptake of cervical screening along with GPs. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, rates up to December 2015 for childhood immunisation for vaccinations given to under two year olds ranged from 84% to 92% and five year olds from 67% to 95%.

Flu vaccination rates for the over 65s were 75% to date, and at risk groups 25%. These are expected to be in line with CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people dignity and respect.

During the inspection the following observations were also made:-

- 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.
- Patients had the facility of a private area should they not want to discuss sensitive issues at the reception desk.

All four of the comment cards we received were generally 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. This was reflected in the results from the latest friends and family test.

We spoke with one member 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. The PPG member stated that when PPG meetings occurred, one member of the Clinical Team would be in attendance. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 94% said the GP gave them enough time compared to the of CCG average 85%, and national average of 87%).
- 99% said they had confidence and trust in the last GP they saw compare to the CCG average 92% and national average 94%.

- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 82% and national average 85%).
- 70% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 72% and national average 81%).
- 94% said they found the receptionists at the practice helpful compared to the CCG average 86% and national average 90%)

Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. In addition, a number of the non-clinical staff spoke more than one language. A notice was also on display to inform patients that a chaperone facility was available for those who wished to have one accompany them during their consultation with clinical staff.

### Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day of inspection told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 83%.
- 86% said the last GP they saw was good at involving them in decisions about their care, compared the CCG average of 75%, and the national average of 77%.
- 56% said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 60%, and the national average of 69%.

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 carers 0.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice was taking action to increase the number of people on the register to 10% of the practice list in line with the 2011 population census findings. Carers were being supported by being told about their entitlement to a Carers Assessment by social services and by being given the practice's carers guide which signposted

them to other sources of support, for example the Barnet Carers Association who operate a hub from the premises and branches of MIND, Age Concern, Alzheimer's Society and Citizens Advice Bureau.

Staff told us that if families suffered bereavement, their registered GP contacted them, by phone to offer condolence and offer support. Staff told us that patients on the palliative care register were given the GP's private mobile number, which they had 24 hour access to and confirmed that they found this useful, particularly in regard to respecting the cultural beliefs of the practice's Jewish population when a patient passes away and the need for a burial with no undue delay.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; the CANDI mental health services commissioned to support the South Barnet GP practices.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday between 7.15am to 8.00am in the morning and on a Monday and Tuesday from 6.30pm to 7.30pm.
- There were longer appointments available for patients with a learning disability or complex health needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions or in urgent need.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offers minor surgery for the removal of skin related problems between once and twice a month.
- There were disabled facilities including a hearing loop, low level front desk, and translation services available.
- The practice is situated in a health centre and staff were able to communicate quickly with other health professionals in responding to patients. For example a health visitor ran a clinic for babies and young children on a Tuesday between 2pm and 4pm. On a Friday morning a community midwife runs a clinic for expectant mothers between 9am and 12pm.
- In house counselling support is available by referral; also providing a tailored service to the local Farsi speaking population.
- Access to CANDI (mental health services) for those experiences mental health difficulties. In particular support for immigrants and refugees requiring support for conditions such as PTSD (post traumatic stress disorder).

- 24 hour GP access to support patients who required a Jewish burial which is often required within 24 to 48 hours of death.

### Access to the service

The practice is open between 8.00am and 6.00pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and 3pm to 6pm daily with the exception of Wednesday when appointments are available from 2pm to 4pm. Extended hours surgeries are offered on a Tuesday and Wednesday between 7.15am to 8.00am in the morning and on a Monday and Tuesday from 6.30pm to 7.30pm. The practice is closed on Saturday's and Sunday's. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 67% and national average of 74%.
- 81% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 78%).
- 70% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 60%).
- 87% of patients said the last GP they saw or spoke to was good at giving them enough time (CCG average 84%, national average 87%).

All patients told us on the day of the inspection that they were able to get appointments when they needed them. People told us that since the practices had joined together and a recent partner had retired; they had started to access other GP's within the practice and they had found this had been very positive experience.

### 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- 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. For example, information on how to complain was contained in the practice leaflet on the reception desk as well as on the practice's website.

We looked at two written complaints which had been received in the last 12 months. Both complaints were acknowledged in a timely way and dealt with openly and transparently. The practice handled all complaints both verbal and written. The practice had a complaints plan which it used to manage each complaint. It noted agreed actions following an investigation and recorded reviews and shared learning with any agencies concerned. Therefore, lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

For example, the practice received a complaint regarding the delays in receiving an MRI scan ( a technique that uses a magnetic field and radio waves to create detailed images of the organs and tissues within your body) The practice manager followed up the complaint by contacting the referral management team (RMS) who handle referrals for MRI scans on behalf of Barnet CCG to identify what had been causing the delays in order to resolve the complaint. The patient was invited to discuss their concerns with both the practice manager and referring GP Action was taken by the GP and clinical review completed to ensure the patient was appropriately referred to secondary care (Hospital) for appropriate treatment. The practice identified this as a potential area for clinical audit in regard to referrals made via RMS to ensure that where there were any rejections of referrals these would be followed up and resolved to reduce potential delays.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality personalised care and promote good outcomes for patients.

- The practice staff knew and understood the values and vision.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

### Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Since the practice merger there had been the amalgamation of three PPG's into one. This new entity was yet to have developed a new terms of reference to steer them beyond the recent merger. The PPG member we spoke to told us that the group is focused on the development of the newly registered practice and the benefits this brings to patients. The group was active, met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, extended hours, text message reminders, consulting on the practice merger and improving the waiting area in conjunction with the landlord.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us

# Are services well-led?

Good 

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

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. For example, Staff told us they had been fully engaged in the practice merger and have been able to better support patients with this process as they have been a part of that change.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was involved in training the next generation of GPs by offering placements to undergraduates. The practice was

keen to drive improvement in its working practice. The practice had recently participated in a pilot looking at medically unexplained symptoms and the impact that has on time and resources in general practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area for example the provision of in house (psychotherapy) and community mental health services for those experiencing conditions like depression. The practice will be introducing insulin induction into the practice within the next few months following the appointment of a qualified partner in this area. One of the practice nurses has commenced a study on increasing flu vaccination uptake in over 65's.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing  The registered person did not ensure that all staff had undertaken safeguarding and infection control training to the appropriate level commensurate with their role and position. This meant that some staff may not have the knowledge to enable them to carry out their duties in the protection of vulnerable people.  Regulation 18(2)(a).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	