

# St George's Medical 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 St George's Medical Centre on 21 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 managed with the exception of those relating to the safe storage of vaccines.
- 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.

The areas where the provider must make improvement are:

- Ensure that there are appropriate systems in place for the safe storage and management of vaccines.
- Ensure that annual fire risk assessments take place.

# Summary of findings

- Ensure that staff undertake infection prevention and control training.
- Ensure that periodic water temperature monitoring takes place, in accordance with the practice's legionella risk assessment action plan.
- Ensure that an appropriately signed Patient Specific Direction for flu immunisation is on file for the practice's Health Care Assistant.
- Review systems in place for identifying and supporting carers.
- Review systems in place for monitoring patients being prescribed the anticoagulant medicine Warfarin.
- Ensure that there is a system in place for regularly cleaning fabric window curtains and for ensuring that this is monitored.

The areas where the provider should make improvement are:

**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 as there were areas where improvements must be made:

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- 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, we identified concerns with the arrangements for managing vaccines, some staff had not received infection prevention and control training and periodic water temperature monitoring was not taking place, in accordance with the recommendations of the practice's legionella risk assessment action plan.

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 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.

- Although data from the National GP Patient Survey showed patients rated the practice highly for several aspects of care, scores were still generally below CCG and national averages.
- 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.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of a pilot project of 17 local practices which were able to access 'fast track' mental health assessments for their patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Good



## 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.

- 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.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 98% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) compared with 88% nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 79% of patients on the practice's asthma register had had an asthma review in the preceding 12 months compared with 76% nationally.
- 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.

Good



# Summary of findings

- 77% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared with 82% nationally.
- 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 and health visitors.

## 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.
- For example, the practice had recently introduced late evening 'Commuter's Clinics' and telephone consultations for working patients and others who could not attend during normal opening hours.
- 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 had systems in place to inform 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





# Summary of findings

## 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).

- 81% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the 84% national average.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the 88% national average.
- 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 a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice was part of CCG funded pilot project of 17 local practices which enabled it to access 'fast track' mental health assessments and clinical advice from a specialist team of consultant psychiatrists.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2015 and related to the periods July-September 2014 and January-March 2015.

The GP patient survey results were generally positive (with the exception of phone access). Three hundred and sixty one survey forms were distributed and 108 were returned. This represented a rounded response rate of 30%.

- 48% found it easy to get through to this surgery by phone compared to a CCG average of 63% and the national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 82% described the overall experience of their GP surgery as good (CCG average 80%, national average 85%).
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. These were also positive about the service provided; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We spoke with nine patients during the inspection including eight patient participation group members. Patients told us said they were happy with the care they received and that staff were approachable, committed and caring. There were however, concerns expressed regarding restricted parking.

The latest Friends and Family Test results (2015) highlighted that 85% of patients were extremely likely to recommend the practice, 13% likely and 1% extremely unlikely (143 responses).

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that there are appropriate systems in place for the safe storage and management of vaccines.
- Ensure that annual fire risk assessments take place.
- Ensure that staff undertake infection prevention and control training.
- Ensure that periodic water temperature monitoring takes place, in accordance with the practice's legionella risk assessment action plan.
- Ensure that an appropriately signed Patient Specific Direction for flu immunisation is on file for the practice's Health Care Assistant.

### Action the service **SHOULD** take to improve

- Review systems in place for identifying and supporting carers.
- Review systems in place for monitoring patients being prescribed the anticoagulant medicine Warfarin.
- Ensure that there is a system in place for regularly cleaning fabric window curtains and for ensuring that this is monitored.

# St George's Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to St George's Medical Centre

St George's Medical Centre is located in Hendon, North London. The practice has a patient list of approximately 9,600. Thirteen percent of patients are aged under 18 (compared to the national practice average of 15%) and 14% are 65 or older (compared to the national practice average of 17%). Forty five percent of patients have a long-standing health condition and practice records showed that 2% of its practice list had been identified as carers.

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

The staff team comprises five GP partners (three male, two female covering 30 sessions a week), two female salaried GPs (11 sessions per week), a female senior nurse (8 sessions per week), a female practice nurse (9 sessions per week), a female health care assistant (4 sessions per week) practice manager, part time deputy practice manager and administrative/reception staff. St George's Medical Centre holds a Primary Medical Service (GMS) caretaking contract with NHS England and is a teaching practice.

The practice's opening hours are:

Monday-Friday: 8:15am-6.30pm

Appointments are available at the following times:

Monday

7:30am to 12.30pm and 1.30pm to 6:20pm

Tuesday - Thursday

7:30am to 7:45pm

Friday

8:30am to 12.30pm and 1.30pm to 7:45pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected: family planning, treatment of disease, disorder or injury; diagnostic and screening procedures; and maternity and midwifery services.

## 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.

# Detailed findings

## 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 21 January 2016. During our visit we:

- Spoke with a range of staff (including partner GPs, salaried GP, senior practice nurse, health care assistant, practice manager and receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 Quality and Outcomes Framework data information throughout this report, it relates to 1 April 2014– 31 March 2015: 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 of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the six significant events that had been received in the past 12 months.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident whereby a blood test was erroneously undertaken on a patient, the practice had discussed the matter, concluded that no harm had come to the patient, updated the patient's record and issued reminders to relevant clinicians, reiterating the importance of checking patients' first names, surnames and dates of birth.

We noted that the patients received reasonable support, an apology and were told about actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

We looked at the practice's systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- There were arrangements 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 all had received training relevant to their role. GPs and practice nurses were trained to Safeguarding level 3 and the health care assistant was trained to Safeguarding level 2.
- A notice in the waiting room advised patients that chaperones were available if required. Practice nurses

and reception staff undertook chaperone duties and had received training and undertaken Disclosure and Barring Service (DBS) checks. 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 senior nurse was the infection prevention and control clinical lead and records showed that they had received infection prevention and control training. However, other staff had not received training. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We observed the premises overall to be clean and tidy. We also noted that cleaning schedules were in place for the practice's nebuliser and ear irrigation equipment.

A legionella risk assessment had taken place in 2014 and the building had been rated as low to medium risk but the practice had not acted on the risk assessment's recommendations. For example, it was not undertaking monthly water temperature checks or annual water sampling.

We also noted that treatment room windows had domestic fabric curtains which did not facilitate the prevention and control of infections. We were told that the window curtains had been professionally cleaned one week before our inspection but noted that dust had accumulated at the top of the window curtains in one of the treatment rooms.

At the time of our inspection, there was no evidence of a system in place to ensure that the curtains were cleaned or changed at least once every six months, although shortly after our inspection we were advised that a system had been introduced.

We noted that disposable bedside curtains had been changed on 20 January 2016.

- We looked at arrangements for managing medicines, including emergency drugs and vaccinations in the practice (for example for obtaining, prescribing, recording, handling and securely storing medicines). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored

## Are services safe?

and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow practice 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. PSDs are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We identified concerns with the arrangements for managing vaccines. Between 29 September 2015 and 21 October 2015 and between 5 November 2015 and 12 January 2016 records showed that the vaccines fridge temperature was recorded respectively at 9.1 °C and 12.1 °C. Most vaccines must be stored between 2-8°C at all times in order to ensure their effectiveness but we could not be assured that staff recording the temperatures were aware of the implications of storing vaccines outside the safe temperature range or of the required actions to take.
- We told the practice of our concerns and shortly after our inspection were advised that the fridge vaccine contents had been quarantined pending a practice investigation. This investigation highlighted that staff had not been correctly resetting the fridge after recording a temperature. Records showed that the practice made contact with Public Health England and we were sent details of steps taken by the practice to minimise the chance of reoccurrence. These included staff training, the introduction of a new protocol for instances where recorded temperatures exceeded the appropriate range and logging the incident as a significant event.
- Records also showed that upon conclusion of the investigation, Public Health England had advised the practice that the fridge's vaccine contents were safe to use and could be taken out of quarantine.
- We looked at the practice's arrangements for the management and monitoring of patients who had been prescribed Warfarin: a medicine that stops blood from clotting and which is often prescribed for patients at risk of stroke or heart attack. Patients taking Warfarin have their dosage regularly monitored using the International

Normalisation Ratio (INR). This measures how long it takes a patient's blood to clot. Accurate dosage is important to ensure that Warfarin is in an appropriate therapeutic range to minimise not only the risk of blood clots in veins but also to minimise the risk of bleeding.

We looked at the practice's protocol for INR monitoring. We were told that the health care assistant invited all patients due for an INR appointment to see them for a blood test a day before their due date. An INR blood test was taken by the HCA and blood samples were sent to the laboratory with the result ready the following day. Upon receipt of the INR results, the results were discussed with the GP and HCA and a record of this discussion was made by the HCA. The HCA would then phone the patients with the outcome of the discussion and inform them of their new (or unchanged) warfarin dose. The patient would note their INR result in their INR book and their Warfarin dose.

Patients following up INR appointments were either booked at the time of notification of their results or, if this period was longer than six weeks, asked to book closer to the time. We looked at the notes of three patients on Warfarin and saw evidence of the GP making the decision regarding dosing and the discussion with the HCA.

Records showed that the GP had received specific training in this area such as starting and maintaining patients on medicines such as Warfarin (known as anticoagulants) but this was not the case for the Health Care assistant. This was not in accordance with the practice's protocol for administering Warfarin. There was also a risk of the dosage being incorrectly relayed by the Health Care assistant and/or incorrectly noted by the patient. Given our concern we brought this matter to the attention of the practice who told us that they would review their arrangements for the management of Warfarin.

- We reviewed five 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.
- 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.

# Are services safe?

## Monitoring risks to patients

We looked at arrangements in place to ensure that risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice's firefighting equipment and fire alarm had been serviced within the last 12 months. The practice manager was the practice fire warden and had received training in 2014 although a certificate could not be produced. Four members of staff were identified as fire marshals but had not received training. An annual fire drill had taken place on 14 January 2016. A fire risk assessment had not taken place since 2012.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had taken place within the last 12 months. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control.
- 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.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training within the last 12 months.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit 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, fit for use and regularly checked.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure and 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.

### 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, with 9% exception reporting. 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 2014/15 showed:

- Performance for diabetes related indicators was 99% (which was 10% above the rounded CCG average and national averages).
- Performance for hypertension related indicators was 100% (with 4% exception reporting) which was 2% above the rounded CCG and national averages).
- Performance for mental health related indicators was 100% (with 14% exception reporting) which was 2% above the rounded CCG and national averages).

Clinical audits demonstrated quality improvement.

- The practice participated in local audits and national benchmarking.
- There had been two clinical audits conducted since August 2015, both of these were completed audits where the improvements made were implemented and monitored.

For example, in January 2013, the practice undertook an audit to see whether it was undertaking glucose testing in women with a previous diagnosis of gestational diabetes (GDM). Women with a previous diagnosis of GDM have an increased likelihood of developing diabetes in later life. The first stage of the audit identified that only 11% of patients with a history of gestational diabetes had been screened within the past 12 months. The audit recommended raising awareness amongst the practice team and the introduction of standardised post-natal glucose testing and advice. When screening rates were re-audited in December 2015, they had increased to 45%.

### 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, 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.
- The learning needs of staff were identified through a system of appraisals, management 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 received training that included: safeguarding, fire procedures and information governance awareness. 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.



# Are services effective?

## (for example, treatment is effective)

- 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. Monthly multi-disciplinary team meetings took place involving health visitors, end of life nurse and district nurses as necessary. We saw evidence 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. 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, GPs assessed the patient's capacity and recorded the outcome of the assessment.

### 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 and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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 local CCG averages. Latest available childhood immunisation rates (October– December 2015) for the vaccinations given to under two year olds ranged from 59%-100% and for five year olds ranged from 84%-86%. Latest available CCG childhood immunisation rates (April 2014–March 2015) were respectively 37%-80% and 0-91%.

Flu vaccination rates for the over 65s were 71% and for at risk groups was 47%. These were comparable to national averages (respectively 72% and 52%).

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 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. These were non fabric to minimise cross infection risks.
- 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 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight members of the patient participation group. 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 and the practice was in line with local and national satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 84%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 84% said they found the receptionists at the practice helpful (CCG average 83%, national average 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 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 for GPs were in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 87%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception area informing patients this service was available.

### 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 1.2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

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

The practice also had arrangements in place to facilitate the prompt burial of patients nearing end of life, when this was in observance of a patient's religious beliefs.

# 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 Barnet Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it was part of a CCG funded pilot project of 17 local practices which enabled it to access 'fast track' mental health assessments and clinical advice from a specialist team of consultant psychiatrists.

- The practice had recently introduced late evening 'Commuter's Clinics' and telephone consultations for working patients, carers and others who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and interpreting services available.
- The practice could accommodate gender specific GP consultation requests.
- On line appointment booking and repeat prescription facilities were available.

### Access to the service

The practice's opening hours are:

- Monday-Friday: 8:15am-6:30pm

Appointments are available at the following times:

Monday

7:30am to 12.30pm and 1.30pm to 6:20pm

Tuesday - Thursday

7:30am to 7:45pm

Friday

8:30am to 12.30pm and 1.30pm to 7:45pm

Outside of these times, cover is provided by an out of hours provider.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 68% of patients were very satisfied or fairly satisfied with the practice's opening hours (compared to the CCG average of 69% and national average of 75%).
- 48% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 67% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 60%).

On the day of our inspection, we met with a group of eight members of the practice's patient participation to seek their views on care and treatment. When we discussed appointments access, they told us that they were able to get appointments when they needed them (including same day appointments). They also told us that the practice had worked with the group when it had introduced a new phone system in 2012; and spoke positively about more recent measures to improve phone access such as the practice publicising its on-line booking and repeat prescription services.

### Listening and learning from concerns and complaints

We looked at the practice's systems 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.
- Complaints related documentation was recorded on a spreadsheet with all communications accessible by hyperlinks to letters, emails and other relevant information.
- We saw that information was available to help patients understand the complaints system including posters, reception TV information, patient information leaflet and information on the practice website.

We looked at seven complaints received since April 2015 and found these were satisfactorily handled and dealt with in a timely way.

## Are services responsive to people's needs?

(for example, to feedback?)

For example, a patient complained at reception that their prescription had not been sent to their pharmacy. Upon investigation, it was discovered that the prescription was

with the pharmacist but had not been processed. The learning point from this incident was additional reception staff training on tracking electronic prescriptions, so that in the future they could update patients more promptly.

# 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 the highest standard of health care and health promotion to its patients with the available resources. Partner GPs told us that the practice had recently been awarded an NHS England building improvements grant for two additional treatment rooms, a redesigned reception area and larger meeting rooms. Staff and patients we spoke with were aware of the proposals (for which local authority planning permission had recently been granted).

### 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. For example, following the concern we identified regarding vaccine fridge temperature recording, we noted the practice's prompt action to mitigate risks and ensure the safe management and storage of vaccines.

### 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 high quality and compassionate care. The partners were visible in the practice and staff 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. We noted that team away days were held every 12 months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Trainee GPs on placement at the practice gave positive feedback on clinical leadership at the practice, on the practice's collaborative working culture and also on the support they received.

### 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. There was an active PPG which met regularly and submitted proposals for improvements. When we asked the group for examples of how they had helped shape the service, they spoke positively about how the practice

# Are services well-led?

Good 

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

management team had involved them in the design proposals for expanding the building and also about how the practice had acted on their suggestion for a buggy shed.

- The practice had also gathered feedback from staff through an annual staff away day and generally 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. They told us they felt involved and engaged to improve how the practice was run.

## 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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014
Maternity and midwifery services	Safe care and treatment
Treatment of disease, disorder or injury	How the regulation was not being met:  The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by: <ul style="list-style-type: none"><li>• Failing to ensure that staff had undertaken infection prevention and control training.</li><li>• Failing to ensure that vaccines were safely managed and stored; that the fridge temperature was maintained within safe limits to ensure the efficacy of vaccines and immunisations given; and failing to ensure that staff were aware of what actions to take in instances where the fridge temperature was not maintained within safe limits.</li><li>• Failing to ensure that an appropriately signed patient specific direction for influenza immunisation was on file for the practice's health care assistant.</li><li>• Failing to ensure that annual fire risk assessments took place.</li><li>• Failing to ensure that staff had received infection prevention and control training.</li><li>• Failing to ensure periodic water temperature monitoring took place, in accordance with the practice's legionella risk assessment action plan.</li></ul>



This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 12(1)(2)(a)(b) (g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.