

Dr Azim and Partners

Quality Report

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Date of inspection visit: 31 August 2016

Date of publication: 01/02/2017

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Dr Azim and Partners on 31 August 2016. Overall the practice is rated as requires improvement.

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

- There were a number of areas where risks to patients were not suitably assessed and managed including those relating to: recruitment checks for all staff; mandatory training for all staff; a lack of evidence that all staff had followed a suitable induction programme when starting with the practice; or of all staff receiving an annual appraisal.
- There was no fail-safe system for ensuring that clinical staff reviewed medicines alerts.
- Most 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. A few patients said it was difficult to make an appointment via the phone.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.

Summary of findings

The areas where the provider must make improvements are:

- Ensure that all staff are supported via a programme of annual appraisals.
- Ensure that systems are in place for all staff to undertake and to be kept up to date with mandatory training in line with national guidance and guidelines.
- Ensure the procedure for all staff recruitment includes undertaking all relevant pre-employment checks as specified in Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure that a suitable system is introduced to manage medicines alerts so that these are reviewed and actioned in a timely manner by all clinical staff.
- Ensure that all staff follow an induction programme when starting with the practice to provide them with the skills and knowledge appropriate to their roles.

In addition the provider should:

- Consider ways to improve uptake of its cervical screening programme for the benefit of female patients.
- Display a Health and Safety poster incorporating appropriate contact information in the reception area so that staff are aware of who to contact in the event of needing to report a health and safety issue.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Prepare a business plan to assist in forming and reviewing its future plans for development of the practice.
- Develop a business continuity plan so that staff are able to contact appropriate sources of assistance in the event of disruption to services to patients.
- Prepare a mission statement so that staff and patients are aware of the practice' overarching purpose.

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.

- The practice had not carried out complete pre-employment checks on all staff employed.
- There was a lack of evidence that staff had received training in safeguarding of children and vulnerable adults or a suitable risk assessment as appropriate to their roles.
- There was no business continuity plan to ensure that staff knew who to contact in the event of any interruption to the service.
- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.

Requires improvement



Are services effective?

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

- There was a lack of evidence of appraisals and personal development plans for all staff.
- Staff had not undergone all mandatory training including: basic life support training; and fire safety training.
- Following our inspection the practice took action to schedule training and a review of staff records to ensure that records were brought up to date.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to local and national averages for most aspects of care.
- There was higher than average exception reporting in some domains which the practice attributed to a net influx of almost 3000 new patients over the last three years (a growth of patient population of over 72%). It considered that a number of these patients may have been misdiagnosed or have incorrect coding on their medical records. In addition in some domains it had small numbers of patients registered.
- Although we did not find any concerns, there was no fail-safe system to ensure that clinical staff reviewed and acted upon medicines alerts.
- Clinical audits demonstrated quality improvement.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- The practice had identified less than one percent of the practice population as carers.
- 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.
- 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.

Good



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 Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was working proactively with the CCG pharmacist to optimise its prescribing.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. Some patients found it difficult to make an appointment via the telephone. The practice had introduced changes to the appointment system to improve access to appointments.
- 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 vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- 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.

Good



Summary of findings

- 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 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.
- The practice held regular clinical and staff meetings to keep staff updated.

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

- 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.
- When families suffered bereavement a GP would contact them to offer support and advice on how to find a support service.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 81% of patients with diabetes, on the register, had a last blood sugar reading of 64 mmol/mol or less in the preceding 12 months compared to a CCG average of 76% and a national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- There was a lack of evidence of staff having undergone training for safeguarding of children, though staff we spoke to during the inspection were aware of their roles and responsibilities in this area.
- 70% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared to a CCG average of 79% and a national average of 82%.
- 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.
- 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.
- 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 provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- The practice offered extended hours appointments on Wednesday evenings and alternate Sunday mornings. The latter was particularly appreciated by patients who would have been unable to attend on Saturdays for religious reasons.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

- There was a lack of evidence of staff having undergone training in safeguarding of vulnerable adults, though staff we spoke to during the inspection were aware of their roles and responsibilities in this area.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

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

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared to a CCG average of 91% and a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. Three hundred and ninety-three survey forms were distributed and 101 were returned. This represented over 1% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients said the staff doctors and nurses were caring and the service was excellent. Two cards mentioned difficulty in making an appointment by phone. The practice had introduced changes to its appointment system, including triaging the need for on the day appointments to improve access to appointments.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Eighty-five percent of patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all staff are supported via a programme of annual appraisals.
- Ensure that systems are in place for all staff to undertake and to be kept up to date with mandatory training in line with national guidance and guidelines.
- Ensure the procedure for all staff recruitment includes undertaking all relevant pre-employment checks as specified in Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure that a suitable system is introduced to manage medicines alerts so that these are reviewed and actioned in a timely manner by all clinical staff.
- Ensure that all staff follow an induction programme when starting with the practice to provide them with the skills and knowledge appropriate to their roles.

Action the service **SHOULD** take to improve

- Consider ways to improve uptake of its cervical screening programme for the benefit of female patients.
- Display a Health and Safety poster incorporating appropriate contact information in the reception area so that staff are aware of who to contact in the event of needing to report a health and safety issue.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Prepare a business plan to assist in forming and reviewing its future plans for development of the practice.
- Develop a business continuity plan so that staff are able to contact appropriate sources of assistance in the event of disruption to services to patients.
- Prepare a mission statement so that staff and patients are aware of the practice' overarching purpose.

Dr Azim and Partners

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 second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Azim and Partners

Dr Azim and Partners provides primary medical services in the London Borough of Barnet to approximately 8462 patients and is one of 62 member practices in the NHS Barnet Clinical Commissioning Group (CCG). The practice shares its building with another GP service, the two practices had previously formed one practice but had separated in 2013.

The practice population is in the fifth least deprived decile in England. It has higher than CCG and national average representation of income deprived older people of 21% compared to a CCG average of 18% and a national average of 16%. The practice has a below average number of patients in all age groups above age 45. For example six percent of patients are aged over 65 (CCG average 14%, national average 17%), and less than 1% of patients are over 85 years of age (CCG and national averages are both over 2%).

The practice has surveyed the ethnicity of approximately 94% of the practice population and had determined that 56% of patients identified as having white ethnicity, 20% Asian, 6% black and 12% as having mixed or other ethnicity.

The practice operates from a purpose built property with patient facilities on the ground floor. The ground floor is wheelchair accessible. There are offices for administrative and management staff on the first floor. Both floors are accessed via stairs.

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: alcohol intervention; childhood vaccination and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; improving patient online access; influenza and pneumococcal immunisations; learning disabilities; minor surgery; patient participation; risk profiling and case management; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of one full-time and one part-time male and two part-time female GP partners. There are one full-time and one part-time female salaried GPs. Dr Azim and Partners is a training practice with one part-time female GP registrar. The doctors provide 41 clinical sessions per week. The nursing team consists of two part-time female practice nurses and a part-time phlebotomist.

There are 13 administrative clerical and reception staff, and a full-time practice manager.

The practice is open between 8.00am and 6.30pm Monday to Tuesday, and Thursday to Friday, and from 8.00am to 8.00pm on Wednesday. It is also open from 9.00am to 11.00am on alternate Sundays.

Appointments are available from 8.30am to 12.00pm and from 2.00pm to 6.30pm daily. Extended surgery hours are

Detailed findings

offered from 6.30pm until 8.00pm on Wednesdays and from 9.00am to 11.00am on alternate Sundays. The practice has opted out of providing out of hours (OOH) services to their own patients and when closed directs patients to the OOH provider for NHS Barnet CCG.

Dr Azim and Partners is registered as a partnership with the Care Quality Commission to provide the regulated activities of: surgical procedures; treatment of disease, disorder or injury; family planning; and diagnostic and screening procedures.

This practice has not previously been inspected by CQC.

Why we carried out this inspection

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

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 31 August 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, practice manager and administrative and reception staff) 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 of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an email was sent to the members of the patient participation group that disclosed all members email addresses. The practice apologised to all members for this breach of confidentiality, updated its policy for sending group emails and reminded of the importance of checking before sending group emails.

Overview of safety systems and processes

The practice had some processes in place to keep patients safe and safeguarded from abuse, which included:

- There was a lack of evidence of training in safeguarding for some clinical and non-clinical staff. However, staff we spoke to during the inspection were able to demonstrate their roles and responsibilities in this area.
- 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. However the practice was not ensuring that clinical and non-clinical staff were undertaking regular safeguarding training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal 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. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention and control protocol in place but not all staff had received up to date training. There had there been an infection control audit within the last 12 months Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed four personnel files but found that not all files contained evidence of all of the appropriate recruitment checks that should have been undertaken prior to employment. For example missing information included: proof of having gone through an induction

Are services safe?

procedure for all employees; references for one employee; job description for one employee; evidence of having undergone a Disclosure and Barring Service checks for one employee; and evidence of membership of a medical indemnity scheme for one clinical member of staff. Following our inspection the practice provided us with confirmation that it had prepared and committed to a schedule of training and a review of its staff personnel files to ensure that these were brought up to date.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, but we did not see a poster in the reception office which identified local health and safety representatives. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There were emergency medicines available in the treatment room but not all staff had received annual basic life support training.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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.

- There was no fail safe arrangement to ensure that all clinical staff reviewed medicines alerts in order to deliver care and treatment that met patients' 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 97% of the total number of points available, with an overall clinical exception rate was 7%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 87% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmhg or less compared to a CCG average of 76% and a national average of 78%. Whilst 94% of patients with diabetes, on the register, had had an influenza immunisation in the preceding 1 August to 31 March (CCG average 92%, national average 94%).
- Performance for mental health related indicators was similar to the CCG and national averages. For example 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (CCG average 91%, national average 88%).

There were some areas of QOF performance that were below the local and national averages:

- 70% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years compared to a CCG average of 79% and a national average of 82%.
- 62% of female patients aged between 50-70, had been screened for breast cancer within 6 months of invitation (CCG average 68%, national average 73%).

The practice had a large number of patients from conservative cultures who declined testing. The practice encouraged these patients to engage with the testing programmes. Staff spoke a range of the languages spoken by patients so were able to explain the importance of being tested. It also ensured that female sample takers were available.

- 14% of patients with peripheral arterial disease had been excepted compared to a CCG average of 6% and a national average of 6%.
- 13% of patients with dementia had been excepted compared to a CCG average of 7% and a national average of 8%.
- 7% of patients with rheumatoid arthritis had been excepted compared to a CCG average of 4% and a national average of 7%.
- 9% of patients requiring contraception advice had been excepted compared to a CCG average of 2% and a national average of 3%.

The practice told us it had gained almost 3000 patients following its separation from the other practice with which it shared a building, and there were many who were incorrectly coded. It had run initiatives to convince these patients of the benefit of testing. In addition, in some domains, the practice had small registers. For example, it had only six patients with dementia and had excepted one patient.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, the practice had audited asthma patients whose notes recorded that they had attended with an acute exacerbation (worsening) of symptoms. Using NICE guidelines the practice developed a list of criteria that should be checked to confirm the degree of worsening of symptoms. The criteria to be recorded included: blood oxygen saturation; respiration rate; pulse rate; and ability to speak in full sentences. During the first cycle the practice reviewed 14 patients notes and found that on average these criteria had been assessed 59% of the time. The practice met to discuss the results and developed a template to use during consultations. During the second cycle of the audit the practice found that the criteria were recorded on average 88% of the time. It reflected on the benefits of greater clarity of recording of relevant information that in turn impacted on better management of these patients.

Effective staffing

- Although the practice had an induction programme for all newly appointed staff there was no evidence on file of staff having undergone the induction programme.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, not all staff had had received an appraisal within the last 12 months.
- Not all staff had received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to e-learning training modules and in-house training but were not making full use of this facility.
- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, diabetes and asthma. Patients were signposted to the relevant service.
- Smoking cessation advice was available on the premises and a dietician was available from a local support group.

The practice's uptake for the cervical screening programme was 70%, which was lower than the CCG average of 79% and the national average of 82%. The practice told us that it had a high population of female patients from conservative cultures who declined to attend for testing. The practice was working to improve uptake of testing by encouraging patients and explaining the importance of testing. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages, and some staff spoke a range of local languages, and for those with a learning disability and they

ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given ranged from lower than or comparable to CCG averages. For example, childhood immunisation rates for the year 2015-16 showed that vaccinations given to under two year olds ranged from 32% to 74% (CCG average 43% to 83%) and five year olds from 52% to 93% (CCG average 62% to 92%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 32 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. Two cards mentioned problems making an appointment on the phone. The practice had taken recent steps to improve access for all patients and had introduced phone triage to determine the need for urgent on the day appointments.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 95% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and to advise them how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments on Wednesday evenings until 8.00pm for working patients who could not attend during normal opening hours.
- The practice had a large Jewish community so had introduced appointments on alternate Sunday mornings so that these patients could attend outside of working hours without conflict with their religious beliefs.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was working proactively with the CCG pharmacist to optimise its prescribing.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Wednesday and Friday and from 8.00am to 8.00pm on Thursday. It was also open from 9.00am to 11.00am on alternate Sundays.

Appointments were available from 8.30am to 12.00pm and from 2.00pm to 6.30pm daily. Extended surgery hours were offered from 6.30pm until 8.00pm on Wednesdays and from 9.00am to 11.00am on alternate Sundays. The practice had opted out of providing out of hours (OOH) services to their own patients and when closed directs patients to the OOH

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

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

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system this included a leaflet available in reception and information about how to complain on the practice website.

We looked at 16 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing

Are services responsive to people's needs? (for example, to feedback?)

with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had run flu immunisation clinics that combined booked and walk-in appointments with the intention to provide as many patients with the immunisation as possible. Due to a computer error one of

the GPs called in patients according to appointment time rather than by time of arrival, which led to complaints from several patients. The practice apologised to the patients and discussed how to improve the situation for the future. It decided to make future flu clinics appointment only to avoid any confusion.

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 an objective to deliver high quality care and promote good outcomes for patients.

- The practice did not have a mission statement.
- The practice had a strategy but no supporting business plan.

Governance arrangements

The practice had a 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 programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were gaps in staff training and pre-employment checks had been undertaken for all staff. Nor was there provision for staff to undergo training in safeguarding for children and vulnerable adults.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and an apology
- The practice 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 and supported in doing so.
- 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had told the practice that the car park needed lines painting to ensure that parking was more orderly. The practice agreed and was in the process of negotiating with other interested parties to enable car park lines to be painted.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff had asked for layout changes in the administrators office as it was cramped. The practice agreed and re-arranged the office. Staff 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 Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure that all staff had:</p> <ul style="list-style-type: none">• Received an annual appraisal.• Received mandatory training, in line with national guidance and guidelines.• Followed a suitable induction programme. <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure that complete recruitment checks had been completed for staff members employed at the practice.</p> <p>This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The registered person did not do all that was reasonably practicable to ensure that there was a system to ensure that patient safety alert information relating to medicines was consistently actioned and reviewed to ensure safe prescribing practice.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.