

# Jai Medical Centre - Hendon

## Quality Report

42 Station Road  
NW4 3SU  
Tel: 0300 033 7860  
Website: [www.jaimedical.nhs.uk/](http://www.jaimedical.nhs.uk/)

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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?

Good 

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 Jai Medical Centre – Hendon on 28 April 2016. During the inspection we identified a range of concerns including an absence of systems in place to keep patients safe and missed opportunities to use the learning from significant events to support improvement. (The full comprehensive report on the April 2016 inspection can be found by selecting the ‘all reports’ link for Jai Medical Centre – Hendon on our website at [www.cqc.org.uk](http://www.cqc.org.uk)). The overall rating for the practice was requires improvement.

An announced comprehensive inspection was undertaken on 22 June 2017. Overall the practice is now rated as good.

We noted that although Jai Medical Centre Hendon and Jai Medical Centre Edgware held separate CQC registrations, their NHS contract defined them as a main location and branch location with a single patient list. Consequently, national GP patient survey results and

QOF results relate to both practices. We also noted that an application had been submitted to CQC to amend its practice registration and seek alignment with its NHS contract.

Our key findings of our inspection of Jai Medical Centre Hendon were as follows:

- Action had been taken to improve the monitoring of patient outcomes in that this information was now available at the practice level.
- Action had been taken to improve complaints management in that filing systems were now well organised and there was a clear system in place to ensure that learning from complaints was documented and shared with staff.
- Action had been taken to ensure that governance arrangements in areas such as quality improvement and risk management facilitated the delivery of high-quality person-centred care.
- We noted that due to the nature of the NHS contract, national GP patient survey related to Jai Medical

# Summary of findings

Centre Hendon and Jai Medical Centre Edgware. However, we saw evidence of how Jai Medical Centre Hendon had acted on patient feedback from other sources such as complaints and significant events.

- Clinical audit was being used to drive quality improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.

- 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.

The areas where the provider should make improvement are:

- Continue to monitor and take action as necessary to improve cervical screening and child immunisation uptake rates.
- Continue with efforts to improve patient satisfaction regarding its phone system.

**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 good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- When we inspected in 2016, we noted that patient outcome monitoring data included data from another practice. We asked the provider to take action and at this inspection we noted that unverified practice level data was available which indicated that patient outcomes were comparable to latest available local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- When we inspected in 2016, we noted that although Jai Medical Centre Hendon and Jai Medical Centre Edgware held separate

# Summary of findings

CQC registrations, their NHS contract defined them as a main location and branch location with a single patient list. This meant that the published national GP patient survey results related to both practices.

- At this inspection, we saw evidence that Jai Medical Centre Hendon had acted on patient feedback from other practice level sources such as complaints received and the Friends and Family Test. We also noted that an application had been submitted to CQC to amend its practice registration so that it was in alignment with the NHS contract.
- 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- When we inspected in 2016, complaints management was not well organised in that some of the practice's responses to specific complaints could not be located and the practice was not analysing complaints trends. At this inspection, complaints management was well organised and learning from complaints was well documented. We also saw evidence of how the practice had discussed learning from complaints and had used this information to improve the service.
- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was part of a CCG led network of local practices which undertook patient centred assessments for older people. We were also told that the practice had been commissioned by the local CCG to deliver a range of services tackling locally prevalent conditions such as Chronic Kidney Disease and Latent Tuberculosis.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Good



# Summary of findings

- Patients we spoke with 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.

## Are services well-led?

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

Good



- When we inspected in 2016, governance arrangements did not always operate effectively in that the provider did not have a comprehensive understanding of the performance of the practice. At this inspection the provider had taken action to ensure that its governance framework had been revised to improve performance monitoring, risk identification and quality improvement.
- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- The senior GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice was part of a CCG led network of local practices which undertook patient centred assessments for older people. The practice's GP's spoke positively about how the network supported care for older people through, for example, proactive falls management (which advised people on their home environment rather than intervening after a fall).
- Care home staff based at two local care homes where patients resided, spoke positively about the senior GP's routine weekly visits and her responsiveness in making emergency home visits and in providing clinical advice to the nursing team. Staff also spoke positively about the care and compassion shown towards patients.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

# Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Unverified practice data showed that as of 22 June 2017, 90% of patients with diabetes had a blood sugar level which was within the required range.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- The practice had achieved the 90% national target for most standard childhood immunisations for two year olds but had not achieved the target for 5 year olds. We were told that one of the reasons for underachievement was because children had moved away but had not been removed from the practice list. This subsequently adversely impacted on child immunisation data published by the Department of Health. We were also advised that although parents' refusal to consent to immunisation was documented on the child's medical records, there was no facility to document this on the Department of Health monitoring system used by the practice. This meant that the practice was required to leave the immunisation dates blank which also adversely affected the immunisation count.
- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal clinics.

Good





# Summary of findings

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

## **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 these populations 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, extended 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, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



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

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

**Good**



# Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- Unverified practice data showed that as of 22 June 2017, 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the latest available national average data.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016 and contained aggregated data collected from July-September 2015 and January-March 2016.

We noted that although Jai Medical Centre Hendon and Jai Medical Centre Edgware held separate CQC registrations, the provider's NHS contract defined the two locations as a single patient list. This meant that the national GP patient survey results related to both practices.

The results showed that performance was in line with local and national averages. We noted that 306 survey forms were distributed and that 105 were returned. This represented 4% of the combined patient list.

- 73% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 62% of patients described their experience of making an appointment as good compared with the CCG/national average of 73%.

- 54% 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 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 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 also spoke with eight patients during the inspection who fed back that they were happy with the care they received and that staff were approachable, committed and caring.

Friends and Family Test (FFT) survey data for April 2016 – March 2017 reported that 297 of the 338 patients surveyed (88%) were either “Extremely Likely” or “Likely” to recommend the combined practice.

## Areas for improvement

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

- Continue to monitor and take action as necessary to improve cervical screening and child immunisation uptake rates.

- Continue with efforts to improve patient satisfaction regarding its phone system.

# Jai Medical Centre - Hendon

## 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 and a practice manager specialist adviser.

## Background to Jai Medical Centre - Hendon

Jai Medical Centre –Hendon is located in the London Borough of Barnet, North London. The practice has a patient list of approximately 5100 patients. Eighteen percent of patients are aged under 18 (compared to the national practice average of 21%) and 14% are 65 or older (compared to the national practice average of 17%). Fifty five percent of patients have a long-standing health condition and practice records showed that 4% 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 practice holds a General Medical Services contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The contract defines Jai Medical Centre Edgware and Jai Medical Centre Hendon as main and branch locations, sharing a single practice list.

The staff team across the two locations comprises five GPs (Hendon only: two male, three female providing a combined 24 sessions per week), two female practice

nurses (6 sessions), two female health care assistants (18 sessions), reception manager, care home coordinator and administrative/reception staff. Management support is provided by a principal GP and a general manager.

The practice's opening hours are:

- Monday to Friday: 8:00am- 6:30pm

Appointments are available at the following times:

- Monday - Friday: 9:00am – 12.30pm and 4:00pm – 6:00pm

Outside of these times, cover is provided by out of hours provider: Barndoc Healthcare Limited.

The practice is part of a network of local practices and is therefore also able to offer early morning, late evening and weekend appointments.

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury; and Surgical procedures.

## Why we carried out this inspection

We undertook a comprehensive inspection of Jai Medical Centre Hendon on 28 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

During the inspection we identified a range of concerns including an absence of effective performance and complaints management systems. (The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Jai Medical Centre Hendon on our website at [www.cqc.org.uk](http://www.cqc.org.uk)).

# Detailed findings

The practice was rated as good for providing safe services; and was rated as requires improvement for providing caring, effective, responsive and well led services. Overall the practice was rated as requires improvement.

We asked the provider to take action and we undertook a follow up inspection on 22 June 2017 to check that action had been taken to comply with legal requirements.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England to share what they knew. We carried out an announced visit on 22 June 2017. During our visit we:

- Spoke with a range of staff including the senior GP, general manager, practice managers, practice nurses and receptionists.
- Observed how patients were being cared for in the reception area.
- 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.
- Visited the practice's one location.

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, unless otherwise indicated, references to information and data throughout this report (for example any reference to the Quality and Outcomes Framework data) refers to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, records showed that after our 2016 inspection (which highlighted an absence of practice level cervical screening uptake data) a significant event had immediately been logged and shortly thereafter discussed amongst clinical and administrative staff. An action plan was also developed to improve uptake rates. Shortly after our inspection we were sent cervical screening uptake performance data and details of how the practice proposed to further improve on this performance.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level 3.
- 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

## Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection in April 2016, we rated the practice as requires improvement for providing effective services. This was because although Quality and Outcomes Framework (QOF - a system intended to improve the quality of general practice and reward good practice) data was being monitored, we noted that this included patient outcome data relating to Jai Medical Centre Edgware. When we were provided with practice specific data for Jai Medical Centre Hendon, we noted that child immunisation and cervical screening performance were below local and CCG averages.

We found arrangements had improved when we undertook a follow up inspection on 22 June 2017 and the practice is now rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' needs.

### Management, monitoring and improving outcomes for people

When we inspected in 2016 we could not be assured that the outcome of people's care

and treatment was being monitored robustly. For example, although the practice used information collected for the Quality and Outcomes Framework (QOF - a system intended to improve the quality of general practice and reward good practice), the data sets being monitored included Jai Medical Centre Edgware.

When we were shown data relating solely to Jai Medical Centre Hendon, we noted that performance on some patient outcomes were below CCG and national averages.

We asked the provider to take action and at this inspection we noted that the provider had met with its clinical software provider and was now able to produce patient outcome data at practice level. For example, unverified QOF data as of the day of our inspection showed that:

- Performance for diabetes related indicators ranged from between 75% to 90%.
- Performance for mental health related indicators ranged from between 93% to 100%.
- Performance for asthma related indicators ranged from 86% to 93%.
- Performance for hypertension was 82%.

The above performance was comparable to the latest published local and national QOF data. We also noted that unverified data provided by the practice indicated that exception reporting for the above clinical domains ranged from zero to 1%.

Shortly after our inspection we received confirmation that the provider had applied to amend their CQC registrations to that of a main location and branch site, so as to ensure that its registration aligned with its NHS contract and therefore with published QOF data.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits undertaken since our April 2016 inspection. For example, one audit reviewed the practice's performance on 2 week cancer referrals and was a completed audit which had driven improvements in services and patient outcomes.

The first cycle covered the period July – December 2015 and reported that 148 (89%) of the 167 qualifying referrals had been made within the stipulated 24 hours timeframe. Following an amendment to how clinical and administrative staff worked together to process referrals, a June 2016 reaudit undertaken for the period January 2016 – June 2016 highlighted that all of the 181 referrals in that period had been made within 24 hours.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.



# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The 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 and nurses. All applicable staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

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

When we inspected in 2016, we were initially advised that practice level cervical screening uptake data was not available. A figure of 59% was provided but later corrected to 71%. We asked the provider to take action because we could not be assured that there were appropriate performance monitoring systems in place regarding cervical screening uptake.

At this inspection, we noted that performance had improved to 73%. This was below the latest CCG and national averages of 77% and 82%.

However, staff explained how they were working to bring about further improvements. For example, in addition to recruiting one full time and one part time practice nurse and having a policy of offering telephone or written

# Are services effective?

(for example, treatment is effective)

reminders for patients who did not attend for their cervical screening test, the practice was now also using its “patient champions” to promote the screening service amongst patients. We were also told that practice staff spoke a range of local community languages and that this continued to prove helpful when engaging with patients for whom English was not their first language.

The practice also demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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.

The practice had achieved the 90% national target for most standard childhood immunisations for two year olds but had not achieved the target for 5 year olds. For example, unverified data we were shown for the vaccines given to under two year olds ranged from 88% to 96% and five year olds from 71% to 73%.

We were told that one of the reasons for underachievement was because children had moved away but had not been removed from the practice list. This subsequently adversely impacted on child immunisation data published by the Department of Health.

We were also advised that although parents’ refusal to consent to immunisation was documented on the child’s medical records, there was no facility to document this on the Department of Health monitoring system used by the practice. This meant that the practice was required to leave the immunisation dates blank which also adversely affected the immunisation count.

# Are services caring?

## Our findings

When we inspected in 2016, we noted that although Jai Medical Centre Hendon and Jai Medical Centre Edgware held separate CQC registrations, their NHS contract defined them as a main location and branch location with a single patient list. This meant that the published national GP patient survey results related to both practices. It was therefore unclear how the survey results could be used to improve patients' experience of care and treatment.

At this inspection, although the published national GP patient survey results continued to relate to both practices, we saw evidence that Jai Medical Centre Hendon had acted on patient feedback from other available practice level sources such as complaints received and the Friends and Family Test. The practice is rated as good for providing caring services.

### 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 45 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 six 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. Feedback we received from two local care homes highlighted that clinicians were compassionate caring and respectful.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Patient satisfaction scores regarding consultations with GPs and nurses were comparable with Clinical Commissioning Group (CCG) and national performance. For example:

- 85% of patients said the GP was good at listening to them compared with the rounded national and clinical commissioning group (CCG) average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 77% 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%.
- 79% of patients said the nurse was good at listening to them compared with the CCG average of 88% and the national average of 91%.
- 80% of patients said the nurse gave them enough time compared with the CCG average of 89% and the national average of 92%.
- 86% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 84% 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%.
- 76% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and equalled the 87% national average.

We noted that the survey results related to both Jai Medical Centre Hendon and Jai Medical Centre Edgware. However, we saw evidence of how the practice had discussed and acted on practice level feedback from other sources. For example, a recent staff meeting had discussed and proposed training regarding patient feedback on rude reception staff which had been received via the Friends and Family Test.

## Are services caring?

We noted that the provider had recently applied to amend their CQC registration so that it was aligned with its provider's NHS contract and therefore so that the results of national patient survey data could be used to improve the service.

### 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 looked at a selection of care plans and saw that they 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 below local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the respective CCG and national averages of 85% and 86%.
- 73% 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%.
- 73% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 73% 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%.

We noted that the survey results related to both Jai Medical Centre Hendon and Jai Medical Centre Edgware. However, we saw evidence of how the practice had discussed and acted on practice level patient feedback from other sources. For example, records showed that the practice's new complaints management system had enabled staff to discuss patient feedback received regarding the extent to which clinicians explained tests and treatments.

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

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. Support for socially isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 4% of its patient list as carers. Written information was available to direct carers to the various avenues of support available to them. We were told that older carers were offered timely and appropriate support such as influenza vaccinations.

Staff told us that if families had experienced 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

When we inspected in 2016, complaints management was not well organised. For example, on the day of the inspection, some of the practice's responses to specific complaints could not be located and the practice was not analysing complaints trends.

We found arrangements had improved when we undertook a follow up inspection on 22 June 2017 and the practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice had reviewed the needs of its local population.

- The practice was part of a network of local practices and was therefore also able to offer early morning, late evening and weekend appointments.
- 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.
- A Monday morning 'walk in' clinic had also been introduced.

### Access to the service

The practice's opening hours are:

- Monday to Friday: 8:00am- 6:30pm

Appointments are available at the following times:

- Monday - Friday: 9:00am – 12.30pm and 4:00pm – 6:00pm

Outside of these times, cover is provided by out of hours provider: Barndoc Healthcare Limited.

The practice is part of a network of local practices and is therefore also able to offer early morning, late evening and weekend appointments.

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury; and Surgical procedures.

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 patients' satisfaction with how they could access care and treatment were below local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 56% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the 76% CCG and national averages.
- 84% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 62% of patients described their experience of making an appointment as good compared with the 73% CCG and national averages.

When we asked the provider how they had sought to improve appointments access we were shown the minutes of a recent PPG meeting which showed that patients had been involved in developing the user specification for a shortly to be introduced new phone system.

We were also advised that the practice had recently joined a local network of practices which enabled patients to access late evening, early morning, Saturday and Sunday appointments. Records also confirmed that the practice was seeking to recruit additional GPs so as to improve appointments access.

When we looked at the practice's appointments system we noted that emergency appointments were available that day and that routine appointments were available within 48 hours.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

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.

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation, according to clinical need.

## Listening and learning from concerns and complaints

When we inspected in 2016, complaints management was not well organised. For example, on the day of the inspection, some of the practice's responses to specific complaints could not be located and the practice was not analysing complaints trends.

We asked the provider to take action. At this inspection we noted that there was an open and transparent approach to complaints management and that additional staff had been employed to support complaints management. Thirty two verbal and written complaints had been received since our April 2016 inspection and we saw formal records confirming that these were handled compassionately, effectively and confidentially. We also saw that regular updates had been provided and that outcomes were explained appropriately. Minutes of staff meetings confirmed that staff regularly reviewed complaints to see how learning could be used to improve the quality of care. This included reviewing audio transcripts of verbal complaints.

We also 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 noted that the practice's new complaints management system enabled complaints to be listened and responded to; and used to improve the service.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 28 April 2016, we rated the practice as requires improvement for providing well-led services because governance arrangements regarding performance management did not always support the delivery of high-quality care.

When we undertook a follow up inspection on 22 June 2017 we noted that governance arrangements had significantly improved. The provider is therefore rated as good for providing well led services.

### Vision and strategy

The practice's statement of purpose aimed to work in partnership with patients and staff to provide the best primary care services possible working within local and national governance, guidance and regulations.

Staff knew and understood their role in delivering care and we noted that the practice had a mission statement which was displayed in the waiting area.

### Governance arrangements

When we inspected in April 2016, governance arrangements did not support the delivery of high-quality care. For example, the outcomes of people's care and treatment was not always monitored regularly or robustly and the practice did not always act in accordance with its policies (such as its complaints policy which required that all written complaints receive an acknowledgement letter).

At this inspection, we saw evidence that the provider had introduced a governance framework which focused on the delivery of good quality care. For example:

- A comprehensive understanding of the performance of the practice was maintained. Monthly practice meetings were held and which provided an opportunity for staff to learn about the performance of the practice.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example, some staff had been assigned additional complaints management responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Clinical and internal audit continued to be used to monitor quality and to make improvements.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

The provider was aware of how the incongruity between the practice's CQC registration and its NHS contract impacted on performance monitoring and had therefore recently applied to amend its CQC registration so that it aligned with its NHS contract.

### Leadership and culture

On the day of inspection the provider told us that key priorities had been to reflect and improve on the findings of our April 2016 inspection. Staff spoke positively about an open culture where managers were approachable, always took the time to listen and fostered an improvement culture.

They were aware of and had systems to ensure compliance with the requirements of the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). They also encouraged a culture of openness and honesty; and there was a clear leadership structure. Staff told us that they felt supported by management.

- Staff said they felt respected, valued and supported. The senior GP told us that they 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 and (for example from the NHS Friends and Family test). Records showed that staff meetings routinely sought and acted on staff feedback (for example regarding on going improvements to the phone system).

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

PPG members spoke positively about how the practice had listened and acted on the group's suggestions regarding on going improvements to the phone system.

# Are services well-led?

Good 

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

## Continuous improvement

Staff used information to review performance and make improvements. For example, we noted that two cycle completed clinical audits were being used to drive quality improvement in areas such as two week cancer referrals.