

# Friern Barnet Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services responsive to people's needs?

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 Friern Barnet Medical Practice on 1 July 2015. The overall rating for the practice was good, with a requires improvement rating for the safe key question. The full comprehensive report can be found by selecting the 'all reports' link for Friern Barnet Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 19 January 2017 to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is still rated as good.

Our key findings were as follows:

- The practice used a system to ensure vaccines were safely stored and managed, including an effective 'cold chain' policy.
- Patient Group Directions and Patient Specific Directions were up to date and signed by a principal GP and all appropriate staff who used them to administer vaccines or medicines.
- An annual infection control audit had taken place and an action plan was in place.
- There was evidence that the practice complaints system was used to make improvements to care.

All of the areas for improvement and breaches of regulation had been addressed.

**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.

- Staff used an effective system for reporting and recording significant events and there was evidence of learning as a result of previous investigations.
- The practice nurse and healthcare assistant administered medicine and vaccinations according to patient group directions and patient specific directions. All related documentation was up to date and there was evidence of regular review.
- Infection control policies and practices were embedded in the daily running of the practice and there was evidence of audits and improvements.
- When things went wrong patients 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 in place to keep patients safe and safeguarded from abuse. This included rapid referral systems to local safeguarding teams and staff training that met the needs of the local population.
- Medicines management processes were in place to reduce the risk of harm to patients and to ensure medicines were stored safely.

Good



### Are services responsive to people's needs?

At this inspection we looked at the complaints procedure and how the practice investigated and learnt from complaints.

- There was an up to date complaints policy in place that was readily accessible by patients.
- The practice monitored complaints through quarterly and annual reviews and demonstrated how they implemented improvements to policies and care as a result.

Good



# 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 had resolved the concerns for safety identified at our inspection on 1 July 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

### **People with long term conditions**

The provider had resolved the concerns for safety identified at our inspection on 1 July 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

### **Families, children and young people**

The provider had resolved the concerns for safety identified at our inspection on 1 July 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

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

The provider had resolved the concerns for safety identified at our inspection on 1 July 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

### **People whose circumstances may make them vulnerable**

The provider had resolved the concerns for safety identified at our inspection on 1 July 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

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

The provider had resolved the concerns for safety identified at our inspection on 1 July 2015, which applied to everyone using this practice, including this population group. The population group ratings remain the same as a result.

# Summary of findings

# Friern Barnet Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector carried out this focused inspection.

## Background to Friern Barnet Medical Centre

Friern Barnet Medical Centre is located in Barnet, North London. The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services. Friern Barnet Medical Centre is a training practice for trainee GPs.

The practice is open between 8.30am to 1.00pm and 2.00pm to 6.30pm Monday to Friday (except Thursday when it is open until 1.00pm). Outside of these times, cover is provided by an out of hours provider. Appointment times are as follows: Monday, Tuesday, Wednesday and Friday 9.00am to 12.00pm and 3.00pm to 5.30pm; Thursdays 9.00am-12.00pm. In addition to pre-bookable appointments, urgent appointments and home visits are also available for people that need them. Patients under the age of two or over the age of 80 automatically receive a same-day appointment.

The practice has a patient list of 7164. Approximately 5% of patients are aged 75 or older and approximately 21% are under 18 years old. Forty nine percent have a long standing health condition and 11% have carer responsibilities.

The services provided include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term

conditions clinics. The staff team comprises two partner GPs (one male, one female), three part time salaried GPs (two female, two male), one female practice nurse, one female health care assistant, one GP trainer, one foundation doctor, a practice manager and a range of administrative staff. Languages spoken by the staff team in addition to English include Turkish, Gujarati, Arabic, Hindi and Urdu, which reflects the local population.

## Why we carried out this inspection

We undertook a comprehensive inspection of Friern Barnet Medical Centre on 1 July 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, with a requires improvement rating for the safe key question. The full comprehensive report following the inspection on 1 July 2015 can be found by selecting the 'all reports' link for Friern Barnet Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused inspection of Friern Barnet Medical Centre on 19 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out an announced focused inspection of Friern Barnet Medical Centre on 19 January 2017. This involved reviewing evidence that:

- Vaccines were managed, tracked and stored safely.

# Detailed findings

- Patient Group Directions and Patient Specific Directions were up to date and used appropriately.
- Infection control audits had been completed and were fit for purpose.
- A complaints procedure was in place and being used effectively.

During our visit we:

- Spoke with a principal GP, the practice nurse, the practice manager and a member of the patient participation group.

- Observed how patients were being cared for in the reception area.
- Looked at how medicines and vaccines were stored.
- Inspected the premises for infection control purposes.

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

At our previous inspection on 1 July 2015, we rated the practice as requires improvement for providing safe services. This was because:

- There were shortcomings in the safe management of vaccines.
- There were insufficient controls in place in relation to Patient Group Directions (PGDs) and Patient Specific Directions (PSDs).
- There was limited evidence of infection control audits.

These arrangements had significantly improved when we undertook a follow up inspection on 19 January 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

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

- Staff reported significant events using an electronic system that was reviewed by the practice manager and principal GPs. The incident reporting 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.
- There had been no new significant events since our comprehensive inspection on 1 July 2015. However, processes were in place to enable the investigation of such events and significant events and learning from them was a standing agenda item for monthly team meetings. Staff used this to discuss minor issues that could be addressed to improve care and the service such as a new policy at reception to ensure results or confidential information could not be overheard.

### Overview of safety systems and process

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and had been

reviewed and updated in the previous 12 months.

Clinical staff were trained to safeguarding adults and children level three and all other staff were trained to safeguarding level two.

- The premises were clean and tidy and there was evidence of daily, documented cleaning by dedicated staff. This included the decontamination of clinical equipment and monitoring of public areas. Staff used an up to date infection control policy to maintain safe standards. The policy reflected the guidance of the World Health Organisation five moments for hand hygiene and the Royal College of Nursing 'wipe it out' standards.
- An annual infection control audit had taken place in January 2017. This found appropriate standards of cleanliness in the clinical environment and hand hygiene practices by staff. The audit identified a need for staff to consistently ensure the aperture on the top of sharps boxes were closed when not in use. We looked at a sample of sharps bins in the practice and found them all to be correctly stored and labelled. Staff had access to an up to date sharps management policy. Hand hygiene and decontamination policies had been reviewed within the previous month and staff knew how to access them. In addition to the annual audit, the practice nurse conducted an unannounced infection control audit in May 2016, which found overall acceptable standards of practice. Staff conducted a monthly infection control audit of each treatment room.
- The arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe. This included in obtaining, prescribing, recording, handling, storing, security and disposal of medicines. 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.
- Vaccines were stored securely and in line with manufacturer guidelines. Three vaccines fridges were available in the practice and had undergone a manufacturer's safety inspection in August 2016. Each fridge had integral temperature monitoring, which the provider could access remotely to track temperatures in a designated period of time. In addition, a daily



## Are services safe?

temperature log was maintained with the use of a digital thermometer to ensure vaccines were always stored within the manufacturer's safe temperature range. Two members of staff checked vaccines on delivery and managed stock rotation and the cold chain policy. This meant vaccines were kept cold continuously to reduce the risk they would become inactive. A fridge failure plan was in place and there was always capacity in the practice to move vaccines to another fridge.

- PGDs had been adopted that enabled the practice nurse to administer medicines in line with legislation. A healthcare assistant was trained to administer vaccines and medicines against PSDs. The practice offered a full range of childhood vaccinations including for flu, pneumococcal vaccinations, travel immunisations and shingles vaccines of patients over 70 years old. We looked at all PGDs and PSDs held by the practice and found them all to be up to date and appropriately signed.
- The practice monitored medicines management through a series of audits with pharmacy support from the Clinical Commissioning Group and demonstrated improvements as a result. For example, the practice had reduced antibiotic prescriptions by 11% in 2016 in line with National Institute of Health and Care Excellence guidelines compared with 2015.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- The practice had an air conditioning system that underwent bi-monthly filter cleaning and infection control checks. This prevented the risk of bacteria building up in the system or the circulation of contaminated air.
- Curtains in treatment rooms were removed, steam cleaned and disinfected every six months and we saw documented evidence of this.

- The practice manager conducted a monthly inspection of the practice environment to identify any safety concerns or issues. This was documented and we saw from looking at records that issues were always followed up and rectified.
- The practice fire policy was up to date and staff undertook a fire drill every two months. This included a check of the fire system and a practice evacuation. Outcomes from the exercises were discussed at practice meetings to identify and share learning.
- A legionella risk assessment had taken place in December 2016. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The risk assessment found processes were in place to reduce the risk of legionella.

### Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an 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 and all staff were trained in its use. Oxygen with adult and children's masks and bags for suction were also available. Resuscitation medicine was kept on site along with a first aid kit. The practice nurse documented monthly checks on all emergency equipment, including a record of the batch numbers and expiry dates of emergency medicines.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 1 July 2015, we rated the practice as good for providing responsive services but noted that learning from complaints was not always used to improve care.

These arrangements had significantly improved when we undertook a follow up inspection on 19 January 2017.

### Listening and learning from concerns and complaints

- An up to date complaints policy was in place and the complaints procedure was readily available in the waiting area.
- The practice had received 10 complaints in 2016. Eight complaints related to staff and two related to clinical practice. Each complaint had been investigated and

there was evidence of learning from each instance. For example, the test results process was changed to ensure a member of staff would call a patient if they received an abnormal result. In addition, each patient received a call from a member of staff if they missed an appointment.

- Decisions about changes in relation to complaints were discussed by appropriate staff and implemented in the best interests of patients and the practice. For example, one patient complained about a doctor offering health promotion advice in relation to lifestyle. The clinical team discussed this and agreed it was part of their role to encourage patients to improve their health without judgement whenever possible.
- Quarterly complaints review meetings took place as well as an annual review of all complaints in the previous 12 months.