

# The Muswell Hill Practice

## 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 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 The Muswell Hill Practice on 28 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- 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. However, patient survey results were mixed in relation to access to the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Consider reviewing arrangements for medicines carried in GP doctor's bags on home visits to ensure risks continue to be minimised in regard to medicines management.
- Review the appointment management system to consider the best way to provide access to patient's preferred GP.

# Summary of findings

**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



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits had begun to demonstrate 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



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- 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.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- 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.
- Patients we spoke with said urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed evidenced the practice complied with these requirements.
- The partners 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 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.

# 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.
- The practice has a dedicated GP who conducted a weekly ward round for local nursing homes providing continuity of care to patients.
- The health care assistant has been trained in administering screening for dementia.
- Where older patients had complex needs, the practice shared summary care records with local care services and referred the most vulnerable patients to the local integrated Locality team where both health and social care professionals work in an integrated way. Support focused on the most frail and avoiding hospital admission.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### 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.
- Performance for diabetes related indicators was above the national average. For example, the percentage of patients with

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diabetes, on the register, in whom the last blood sugar level is 64 mmol/mol or less in the preceding 12 months was 82% compared to a local CCG average of 73% and a national average of 78%.

- 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.
- 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.
- There is a weekly anti-coagulation clinic which manages 160 patients. This has received positive comments from the practice's annual survey.
- Patients are encouraged to self-monitor their blood pressure using the practice's blood pressure equipment. Telephone reviews are available.
- Patients have access to the Haringey Alcohol support service at the practice.

## Families, children and young people

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

- 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, every six weeks practice leads meet with the health visitor for under 5's and review over 5's and the most vulnerable children, including those on the child protection register.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good





# Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice offers a wide range of on-site contraceptive services, including free condoms and long active reversible contraception.
- One evening a week there are extended hours with two nurses until 8pm as well as during week day mornings from 07.30am to 8.00am.

## 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 and Saturday appointments and week day evenings were available through the local hub.
- 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

Good



# Summary of findings

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.

## 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).

- The practice carried out advance care planning for patients living with dementia.
- Performance for dementia related indicators were similar to the national average. Seventy seven percent of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a local CCG average of 83% and a national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- 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.
- The practice hosts the local IAPT (Improving Access to Psychological Therapies) weekly as is able to refer patients for counselling support.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing above local or national averages for care and treatment. Two hundred and fifty nine survey forms were distributed and 110 were returned. This represented 1% of the practice's patient list.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%.
- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 80%.
- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% national average of 73%.
- 91% 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 CCG average of 81% and the national average of 85%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. One comment card for example, stated that the service they received was always helpful and supportive. Another patient said they received a consistently high level of service and they were always treated well and with kindness and compassion.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One hundred per cent (based on 40 responses) of patients recommended the practice in the friends and family test.

# The Muswell Hill Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Muswell Hill Practice

The Muswell Hill Practice is located in Muswell Hill, North London and is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 51 practices. It currently holds a General Medical Service (PMS) contract (an agreement between NHS England and primary care practices for delivering primary medical services). The practice provides a range of enhanced services including adult and child immunisations, proactive support for people living with dementia, and identifying patients who are at high risk of avoidable unplanned admissions.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice had a patient list of approximately 13,645 at the time of our inspection.

The staff team at the practice includes four GP partners (three male and one female) which accounts for 2.9 working time equivalent (WTE) hours. In addition, four salaried GP's (three female and one male) which accounts for 2.3 WTE hours. There are three practice nurses (female)

and one healthcare assistant (female) working 3.2 WTE hours in total. To support the practice and patients there are a team of administrators; including a practice manager, working in total 9.6 WTE hours. All staff work a mix of part time hours. The practice has a keen focus on education and is a training practice. It provides placements for GP registrars, GP returners and those training as practice nurses. The practice currently has three GP registrars and one practice nursing trainee. The practice was also the first in Haringey CCG to recruit it's own Pharmacist to support safe and effective prescribing at the practice.

The practice opening hours are:

Monday	8:00am to 6:30pm
Tuesday	8:00am to 6:30pm
Wednesday	8:00am to 6:30pm
Thursday	8:00am to 6.30pm
Friday	8:00am to 6.30pm
Saturday	Closed
Sunday	Closed

In addition, pre-booked doctor's appointments are available during extended hours from 7.30am to 8.00am on weekdays, and 6.30pm until 8.00pm on Thursday evenings. Late nursing appointments are also available until 8.00pm on Thursday evenings.

Urgent appointments are available each day and GPs also complete telephone consultations for patients. In addition, the practice is a member of the Pan Haringey federated GP's network a federation of local Haringey GP practice's which was set up locally to provide appointments for patients at local hub practice's between 8am and 8pm; providing additional access out of hours. There is also an out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is

# Detailed findings

closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients via the practice website and practice leaflet as well as through posters at the practice.

The practice has a lower percentage than the national average of people with a long standing health conditions (48% compared to a national average of 53%). Seventy four percent of patients are in paid work or full time education compared with 63% nationally. The practice compares to the national average in terms of the proportion of patients aged under 18 (21% compared to 21% nationally). There are a lower percentage of patients who are aged 65 or more (12%) compared to the national average (17%).

## 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.

This practice had previously been inspected on 19 January 2015. The practice was rated good overall. However, it was rated requires improvement for the safe domain. The practice was required to ensure that Disclosure and Barring service (DBS) checks were carried out for all staff undertaking chaperone duties.

## 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 28 June 2017. During our visit we:

- Spoke with a range of staff (GP's, practice nurses, healthcare assistant, a practice manager and administrative staff) and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 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 7 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, a patient who was registered as living out of the practice catchment area required a home visit during surgery hours. The practice was unable to locate a local practice to the patient to undertake the visit on their behalf. The practice contacted NHS England, 111, and the patient's family. Following a risk assessment the practice duty GP made the home visit to ensure the patient's needs were met. Following a review of this event the practice leads made the decision to cease taking on out of area patients to ensure that the practice remained clinically safe and the patient could receive timely and effective care from a local practice. The practice informed NHS England and its patients of this decision. In another example, in one instance the practice's fridge for storing immunisations and vaccinations showed a temperature out of range, although the internal thermometer did not. The practice identified that immediate action had not been taken to ensure that the fridge temperature remained in range

and the cold chain maintained. Following review of the incident, the practice identified that although guidelines were already in place, they were not followed. Procedures were revised and the nursing team discussed the incident as part of their learning.

- 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. From the sample of two documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- 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 nursing staff were trained to child protection or child safeguarding level 3.
- Following the January 2015 inspection the practice had ensured that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check in place. 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 manager had a system for ensuring this process was maintained effectively. We saw signs throughout the practice advising patients on the availability of chaperones should they be required.

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.

## Are services safe?

- 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. We saw that following our January 2015 inspection that the practice had undertaken a legionella assessment and had implemented recommendations.

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 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. However, we noted that there was an inconsistent approach to what medicines were being carried in GP doctor's bags on home visits. For example, we found in one GP's bag two medicines which had passed their expiry dates. The practice did not have a clear protocol which included a process for ensuring what was used was in date. We spoke to practice leads who advised that this would be reviewed to ensure risks were minimised.
- 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 five 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 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).
- 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.



## Are services safe?

- 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

### 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%. Exception reporting rate overall was 15%, compared with CCG average of 11% and the national average of 10%. (Exception reporting is the process by which practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect). This practice was not an outlier for any QOF (or other national) clinical targets. Published data from 2015/16 showed:

- Performance for asthma related indicators was below the CCG and national averages. For example, 69% of patients on the asthma register had had an asthma review in the preceding 12 months that included an assessment of asthma control (compared to a local CCG average of 75% and a national average of 76%).
- Performance for hypertension related indicators were above the CCG and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding

12 months) is 150/90 mmHg or less was 82% (compared with a local CCG average of 79% and a national average of 83%). Exception reporting was 6% for this clinical domain compared to 4% nationally.

- Performance for mental health related indicators were below the national average. For example: 69% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a local CCG average of 83% and a national average of 89%. Exception reporting was 6% for this clinical domain compared to a local CCG average of 6% and a national average of 13%.
- Performance for dementia related indicators were similar to the national average. Seventy seven percent of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a local CCG average of 83% and a national average of 84%. Exception reporting was 9% for this clinical domain compared to a national average of 7%.
- Performance for diabetes related indicators was above the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood sugar level is 64 mmol/mol or less in the preceding 12 months was 82% compared to a local CCG average of 73% and a national average of 78%. For the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 77% compared to the CCG average of 75% and 80% nationally. Exception reporting was 16% for this clinical domain compared to a local CCG average of 9% and a national average of 13%.

Although outcomes were mixed, practice leads were focussed on driving improvement through QOF specifically in relation to mental health and Asthma.

The practice had developed an approach to quality improvement including clinical audit:

- We saw examples of clinical audits which had commenced in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice conducted an audit of

# Are services effective?

## (for example, treatment is effective)

patients taking the medicine Temazepam (used in the treatment of severe insomnia) following an updated NICE guideline on the reducing the long term usage of such medicines. Guidelines stated that risks associated with prolonged use include falls, accidents, cognitive impairment, dependence and withdrawal symptoms, and an increased risk of dementia. Findings were that the number of patients in receipt of Temazepam had reduced from 56 to 31 patients following re audit over 2016/2017.

### 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.
- 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 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 3 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. For example, the practice had recently signed up as a local CHIN (Care closer to home integrated network) test site. The purpose of this pilot is to identify the frailest of patients and identify integrated opportunities to improve outcomes of patients. For example, the CHIN involves working with attached district nurses and Social Worker.

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.

The practice conducted an annual review of patient deaths to ensure that staff could assess how effectively they responded to the needs of the patient and their families.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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 those to relevant services. For example:

- Patients receiving end of life care, carers, vulnerable mothers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, or sexual health are supported as part of the practice's wellbeing service.
- A dietician was available upon referral and smoking cessation advice was available from practice nursing staff and local support groups.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 79% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice

monitored nonattendance for paediatric vaccinations and hospital appointments and action as needed to follow up with parents and carers was in place. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 94% to 98% and five year olds from 90% to 92%.

There was a policy to offer telephone or written 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 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. 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with ten patients they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 90%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 91% 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%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, every six weeks there was a meeting with health visitors where vulnerable children were discussed, including those on the child protection register take place.

As part of the practice's Wellbeing service there was an awareness of the need to support more isolated and vulnerable patients. The practice holds a weekly exercise class for the over-70s which is very well received, run by a retired physiotherapist and patient. The class provides both physical and emotional support and stimulation this group of patients.

## Are services caring?

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 above or in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format and specific to young people.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

- All patients over the age of 75 have a named GP in line with national guidelines providing continuity of care. A dedicated doctor for weekly ward round for local nursing homes which provides continuity of care to all those patients
- Housebound patients are offered an annual GP pre winter check up to ensure patients are involved in their care.

### **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 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 212 patients as carers (1.5% of the practice list). The practice recognised that the identification of carers was a priority for the practice. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, carers were offered appointments and alongside their relative, and annual influenza vaccination.

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

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population.

- The practice offered extended hours every weekday morning from 7.30am to 8.00am and 6.30pm until 8.00pm on Thursday evenings. Late nursing appointments are also available until 8.00pm on Thursday evenings.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had 28% of its patients using a live online patient access account. The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- Patients had access to phlebotomy at the practice.
- The practice runs a weekly anti-coagulation clinic, which manages 160 patients. This clinic had received positive comments in the practice's annual survey.
- The practice's health care assistant has been trained in administering a MMSI for screening for dementia.
- The practice encouraged its patients to use the practice's pod for self-monitoring of blood pressure and actively encouraged remote self-monitoring with GP telephone review.

- Patients had access to an alcohol support worker at the practice from HAGA (Haringey Alcohol Service), fortnightly drug advisory clinic in partnership with The Grove and counselling services via the local IAPT (Improving Access to Psychological Therapies) weekly.
- The practice had a dedicated GP supporting a weekly ward round for local nursing homes.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice was based on the ground floor and accessible for patients.
- The practice offered a sexual health clinic and access to free condoms.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open and had appointments available between the hours of:

Monday	8:00am to 6:30pm
Tuesday	8:00am to 6:30pm
Wednesday	8:00am to 6:30pm
Thursday	8:00am to 6:30pm
Friday	8:00am to 6:30pm
Saturday	Closed
Sunday	Closed

In addition, pre-booked doctor's appointments are available during extended hours from 7.30am to 8.00am on weekdays, and 6.30pm until 8.00pm on Thursday evenings. Late nursing appointments are also available until 8.00pm on Thursday evenings.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for patients that needed them. Urgent appointments were available each day and GPs also complete telephone consultations for patients. In addition, the practice is a member of the Pan Haringey federated GP's network a federation of local Barnet GP practice's which was set up locally to provide appointments for patients at local hub practice's between 8am and 8pm; providing additional access out of hours. There is also an out of hour's service provided to cover the practice

# Are services responsive to people's needs?

## (for example, to feedback?)

when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as their website and posters available at the practice.

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

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% national average of 73%.
- 78% 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 CCG average of 72% and the national average of 75%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 58%.
- 46% of patients said that they usually get to see or speak to their preferred GP compared with the CCG average of 51% and the national average of 60%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them but this was often not with their preferred GP. We reviewed the availability of appointments and found that patients could only be seen by emergency appointment as all routine appointments for care and treatment had been booked.

The practice had identified that more needed to be done with regard to patients accessing their preferred GP, and their experience of making an appointment and getting through more easily to the practice by telephone. Practice leads told us that most GP's work part time hours and

therefore access can be more challenging for patients. However, the practice manager told us the appointment system was under review and by continuing to increase online registration for appointment booking more patients would have more opportunity for advanced booking. Practice leads were also keen to review when pre bookable appointments were released to ensure that they were staggered so that more patients had the opportunity to book before the next release of appointments took place via the patient management system.

The practice had a system to assess:

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

The practice operated a clinical duty system to support these decisions. 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 a system 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. There was a complaints leaflet and poster and information available on the practice's website.

We looked at three of eight complaints received in the last 12 months and found that these had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learned 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, a complaint was raised concerning information not given about patient where a power of attorney was in place. The practice responded by ensuring the power of attorney form was added onto the patient record system with the appropriate alert. Administrative

# Are services responsive to people's needs?

(for example, to feedback?)

staff were given refresher training in this subject and the complainant was writing to with the outcome of the investigation and the actions taken by the practice to ensure this incident didn't reoccur.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and informal supporting business plans which reflected the vision and values and were regularly monitored through partner business meetings.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A programme of continuous clinical and internal audit was 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.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They 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 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. We saw documented examples and found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. We noted team away days were held regularly. Minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It proactively sought feedback from:

# Are services well-led?

Good 

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

- 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, updating the practice's website and making changes to the practice's appointment system.
- the NHS Friends and Family test, complaints and compliments received
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and committed to development using its three year strategy. The practice was committed to local pilot schemes to improve outcomes for patients in the area. For example, piloting integrated ways of working as part of a local federative network. The practice has also signed up for IRIS project on domestic violence (IRIS is a general practice-based domestic violence and abuse (DVA) training support and referral programme). The practice was also committed to education and increasing knowledge and understanding of primary care for the benefit of all patients.