Brunswick Park Medical Centre

Quality Report

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

Ratings

Overall rating for this service	**Good**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Good**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brunswick Park Medical Centre on 4 February 2016. Overall the practice is rated as good.

Brunswick Park Medical Centre was formed on 1 July 2015, following the merger of Team Health Care Practice and Osidge Medical Practice. On the same day, Brunswick Park Medical Centre also took on approximately 1700 new patients following the end of NHS England caretaking arrangements at two other local practices; and approximately 500 patients from a practice whose GP had recently retired.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- We noted that risks to patients were assessed and managed with the exception of those relating to the safe storage of vaccines. Shortly after our inspection, we received confirmation that these risks had been mitigated against.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect; and involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure that there are appropriate systems in place for the safe storage and management of vaccines.
- Ensure that appropriately signed Patient Group Directives are on file to enable practice nurses to legally administer medicines in line with legislation.

The areas where the provider should make improvement are:

- Ensure that the practice's protocol on sharps injuries is displayed in consultation rooms.
- Review training records such that all staff receive infection prevention and control training.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there were areas where improvements must be made:

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, we identified concerns with the arrangements for managing vaccines.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice was formed in July 2015 and therefore published Quality and Outcomes Framework (QOF) results were not yet available. Latest available data as at 4 February 2016 showed that patient outcomes were comparable to CCG and national 2014/15 QOF data.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- The practice had not yet participated in the GP national survey. The latest survey's reporting periods (July-September 2014 and January-March 2015) preceded the July 2015 formation of the practice.
- Friends and family test (FFT) (July 2015 - February 2016) showed that 72% of patients were extremely likely to recommend the practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Carers spoke positively about how the practice supported them and referred them to additional support as necessary.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, GPs took part in the local CCG's collaborative learning groups which enabled consultants, registrars, pharmacists, nurses, social workers and other GPs to identify learning points from commonly encountered situations. Recent topics had included dementia, heart failure and diabetes.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff spoke positively about how the leadership of their recent merger had been managed (for example regarding the integration of clinical systems). They were clear about the practice's new vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. We saw evidence that the partners

Summary of findings

encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and members spoke positively about clinical leadership and practice management.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- As of 4 February 2016, 62% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months compared with 88% nationally for 2014/15. We were told that current performance was affected by clinical coding inaccuracies identified following the patient list dispersal and that the year end 2015/16 performance was projected to improve on 2014/15.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- As of 4 February 2016, 63% of patients on the practice's asthma register had had an asthma review in the preceding 12 months compared with 2014/15 national performance of 76%. We were

Summary of findings

told that current performance was affected by clinical coding inaccuracies related to the patient list dispersal and that year end 2015/16 performance was projected to improve on 2014/15.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 79% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared with 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, the practice had recently introduced late evening 'Commuter's Clinics' and telephone consultations for working patients and others who could not attend during normal opening hours
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had systems in place to inform vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- As of 4 February 2016, 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the 84% 2014/15 national average.
- As of 4 February 2016, 62% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the 88% 2014/15 national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff 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

We were unable to review GP national survey data because the survey reporting periods (July-September 2014 and January-March 2015) preceded the July 2015 formation of the practice.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 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 twelve patients during the inspection including nine patient participation group members. Patients told us said they were happy with the care they received and that staff were approachable, committed and caring.

Friends and family test (FFT) survey data from July 2015 – February 2016 (86 patients) showed that 72% of respondents were 'extremely likely to recommend the practice'.

Areas for improvement

Action the service MUST take to improve

- Ensure that there are appropriate systems in place for the safe storage and management of vaccines.
- Ensure that appropriately signed Patient Group Directives are on file to enable practice nurses to legally administer medicines in line with legislation.

Action the service SHOULD take to improve

- Ensure that the practice's protocol on sharps injuries is displayed in consultation rooms.
- Review training records such that all staff receive infection prevention and control training.

Brunswick Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Brunswick Park Medical Centre

Brunswick Park Medical Centre is located in New Southgate, North London and was formed on 1 July 2015, following the merger of Team Health Care Practice and Osidge Medical Practice. On the same day, Brunswick Park Medical Centre also took on approximately 1700 new patients following the end of NHS England caretaking arrangements at two other local practices.

The practice has a patient list of approximately 8,200. Fifteen percent of patients are aged under 15 years old and 18% are aged 65 or older. Approximately 30% of patients have a long-standing health condition and practice records showed that less than 1% of its practice list had been identified as carers.

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

The staff team comprises two female GP partners (covering 14 sessions a week), one non practicing GP partner, four female salaried GPs (16 sessions per week), two male salaried GPs (8 sessions per week) four female practice nurses (34 sessions per week) a practice manager and administrative/reception staff. The practice holds a General Medical Service (GMS) contract with NHS England.

The practice's opening hours are:

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

Appointments are available at the following times:

Monday 8:30am-1:30pm, 2:30pm-6:30pm

Tuesday 8:30am-12:30pm, 3:30pm-6:30pm

Wednesday 8:30am-1pm , 3:30pm-6pm

Thursday 8:30am-12:30pm, 2:30pm-6pm

Friday 9am-12:30pm, 3:30pm-6pm

Extended hours opening is offered at the following times:

Monday and Tuesday: 6:30pm – 7:30pm

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

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 February 2016. During our visit we:

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to Quality and Outcomes Framework data information throughout this report, it relates to 1 April 2014– 31 March 2015: the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the three significant events that had been received since the new practice was formed in July 2015.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident whereby a patient collapsed in reception, records showed that the incident highlighted the good teamwork shown by staff but also reiterated the need for staff to be aware of how to raise the alarm on the practice's clinical system.

The remaining two records showed that patients received reasonable support and that actions were taken to improve processes and prevent the same thing happening again.

Overview of safety systems and processes

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

- There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and practice nurses were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Practice nurses and reception staff had received training and undertook chaperone duties. A receptionist explained that the training covered administrative tasks such as entering on the patients record their chaperoning role. Staff undertaking chaperoning had had Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- One of the practice nurses was the infection prevention and control clinical lead and records showed that they had received infection prevention and control training. Records also showed that 14 of the remaining 23 staff had received training. There was an infection control protocol in place. An infection control audit had taken place in July 2015 and we saw evidence that action was taken to address any improvements identified as a result. We observed the premises overall to be clean and tidy and patients spoke positively about the environment. We also noted that cleaning schedules were in place for the practice's nebuliser and ear irrigation equipment. A cleaning schedule for the building was also in place. The practice did not have a written protocol for staff to follow in the event that staff or patients sustained sharps injuries.
- We looked at the arrangements for managing medicines (including emergency medicine sand vaccinations in the practice; and arrangements for obtaining, prescribing, recording, handling and securely storing medicines). The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

  We looked at Patient Group Directions (PGDs) for the practice's nurses. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment; and allow nurses to administer medicines in line with legislation. We found that signed PGDs were on file for one of the three nurses working at the practice. Shortly after our inspection, we were advised that signed PGDs were on file for all nurses.

  We identified concerns with the arrangements for managing vaccines. The practice used two fridges to store vaccines. There were no concerns regarding Fridge A's temperature records but we noted that the practice was only recording Fridge B's actual fridge temperature and not the minimum and maximum temperatures. This

meant we could not be assured that vaccines were stored between 2-8°C at all times in order to ensure their effectiveness. The practice's cold chain policy did not advise staff on how to record minimum / maximum temperatures or explain why this was important. We could not be assured that staff recording the temperatures were aware of the implications of storing vaccines outside the safe temperature range or of the required actions to take. We also noted that Fridge B had not been serviced or calibrated.

We told the practice of our concerns and shortly after our inspection, we were sent confirmation that Fridge B had successfully undergone a routine inspection and calibration. We were also told that the practice had made contact with Public Health England and we were sent details of steps taken by the practice to minimise the chance of reoccurrence. These included the introduction of a new protocol for instances where recorded temperatures exceeded the appropriate range, the installation of an electronic back up temperature data logger and the recording of the incident as a significant event.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

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

- There were procedures in place for monitoring and managing risks to patient and staff safety. For example, we saw evidence of a risk assessment completed for a pregnant staff member. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice's firefighting equipment and fire alarm had been serviced within the last 12 months. The practice manager was the practice fire warden. Two members of staff were fire marshals and had received training within the last 12 months. A fire risk assessment had taken place in July 2015.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had taken place within the last 12 months. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and regular Legionella testing.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training within the last 12 months.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date, fit for use and regularly checked.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure and building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice was formed on 1 July 2015 and therefore published results were not yet available. Latest available data as at 4 February 2016 showed:

- The practice's performance for diabetes related indicators ranged from 62-94% compared with the 2014/15 CCG overall performance of 86%.
- The practice's performance for hypertension related indicators was 80%, compared with the 2014/15 CCG overall performance of 98%.
- The practice's performance for mental health related indicators ranged from 62% - 100% compared with the 2014/15 CCG overall performance of 94%.

We noted that the practice data we reviewed did not relate to the full 2015/16 period. We were told that the projected year end performance was anticipated to improve on 2014/15 CCG overall performance.

We noted that the practice had introduced systems to monitor and improve performance and ensure that patient outcomes were positive, consistent and met people's expectations. For example:

- The practice was investigating patient list coding inaccuracies which had been identified when the practice took on dispersed patients from two local practices. We were told that the two practices had made limited use of computer systems.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- GPs took part in CCG collaborative learning groups which enabled consultants, registrars, pharmacists, nurses, social workers and other GPs to identify learning points from commonly encountered situations. Recent topics had included dementia, heart failure and diabetes.

Clinical audits

The practice had not conducted any new clinical audits since its formation in July 2015. Records showed that a November 2015 prescribing review meeting had highlighted that the practice's antibiotic prescribing levels were 8% higher than the English average. This variance was also identified in data we looked at before our inspection.

Following the November 2015 meeting, a number of actions were implemented such as locating local infection guidelines located in each consultation room and discussions in clinical meetings about antibiotic prescribing. We were told that a review would take place in 2016 to assess whether the actions had resulted in improved antibiotic prescribing levels.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions.
- The learning needs of staff were identified through a system of appraisals, management meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. With the exception of one practice nurse, all staff had had an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

Staff received training that included: safeguarding, fire procedures and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Monthly multi-disciplinary team meetings took place involving health visitors, end of life nurse and district nurses as necessary.
- We looked at five patient records and saw that GPs routinely documented inter agency liaison, care plan updates and multi-disciplinary team discussions.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to local CCG averages. Latest available childhood immunisation rates (October– December 2015) for the vaccinations given to under two year olds ranged from 71% -84% and was 81% for five year olds. Latest available CCG childhood immunisation rates (April 2014–March 2015) were respectively 37%-80% and 0-91%. Staff told us that coding inaccuracies (related to the two patient lists it had inherited) had affected overall performance. We were further told that the practice was currently reviewing patient coding to address this issue.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Disposable 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 21 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 nine 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.

A receptionist we spoke with stressed the importance of listening and of empathising with patients; particularly where it was clear that the decision to attend the practice had been a difficult one.

We were unable to review GP national survey scores regarding compassion, dignity and respect. This was because the survey reporting periods (July-September 2014 and January-March 2015) preceded the July 2015 formation of the practice.

However, when we met with a group of nine patient participation group (PPG) members, they spoke positively about how they were treated by clinical staff including the extent to which they were treated with care and concern and the extent to which they were given enough time for their consultation. Patients were also highly complementary about the helpfulness of reception staff and the practice manager.

Friends and family test (FFT) survey data from July 2015 – February 2016 (86 patients) showed that 72% of respondents were 'extremely likely to recommend the practice'.

Care planning and involvement in decisions about care and treatment

Patients spoke positively about their involvement in planning and making decisions about their care and treatment. They felt that GPs and nurses were good at explaining tests and treatments and involved them in decisions about their care. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Less than 1% of the practice's patient list had been identified as carers. Shortly after our inspection, the practice told us that it was possible that this was due to coding issues with the NHS caretaking practices and advised us that as at 26 February 2016, this had increased to 2%.

Written information was available to direct carers to the various avenues of support available to them. This information was also available on the practice website. When we spoke with three carers, they were positive about the support they received.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with Barnet Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, GPs took part in the CCG's monthly collaborative learning groups which enabled consultants, registrars, pharmacists, nurses, social workers and other GPs to identify learning points from commonly encountered situations. We were told that recent topics had included dementia, heart failure and diabetes.

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

Access to the service

The practice's opening hours are:

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

Appointments are available at the following times:

Monday 8:30am-1:30pm, 2:30pm-6:30pm

Tuesday 8:30am-12:30pm, 3:30pm-6:30pm

Wednesday 8:30am-1pm , 3:30pm-6pm

Thursday 8:30am-12:30pm, 2:30pm-6pm

Friday 9am-12:30pm, 3:30pm-6pm

Extended hours opening is offered at the following times:

Monday and Tuesday: 6:30pm – 7:30pm

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

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

We were unable to review GP national survey scores regarding access because the survey reporting periods (July-September 2014 and January-March 2015) preceded the July 2015 formation of the practice.

However, on the day of our inspection, we met with a group of nine members of the practice's patient participation to seek their views on care and treatment. When we discussed appointments access, they told us that they were able to get appointments when they needed them (including same day appointments); and did not have concerns regarding getting through easily to the practice by phone They also spoke positively about the practice having recently changed the allocated time when patients could phone for results, so as to make it more responsive to the needs of working aged people.

On the day of our inspection, Thursday 4 February 2016, we looked at appointments availability on the practice's clinical system and saw that same day telephone and urgent appointments were available. The next available routine appointment was Monday 8 February 2016.

Listening and learning from concerns and complaints

We looked at the practice's systems for handling complaints and concerns.

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

We looked at seven complaints received since July 2015 and found these were satisfactorily handled and dealt with in a timely way. For example, one incident related to a patient whose referral was submitted despite their lack of

Good

Are services responsive to people's needs?

(for example, to feedback?)

eligibility. The referral was subsequently rejected. The minutes of the next team meeting noted the importance of clinicians delivering a consistent message regarding referral criteria.

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's stated vision was to deliver an excellent, caring and comprehensive family doctor service to the local population in a modern setting. It had been formed following a July 2015 merger of two local practices and at the same time, had taken on approximately 1700 new patients when NHS England caretaking arrangements at two other local practices came to an end. The practice had also taken on approximately 500 patients from a practice whose GP had recently retired.Staff were clear about Brunswick Park Medical Centre's new vision and their responsibilities in relation to this.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, following the concern we identified regarding vaccine fridge temperature recording, we noted the practice's prompt action to mitigate risks and ensure the safe management and storage of vaccines.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Records showed that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. A team away day took place in August 2015 led by an external facilitator.
- 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.
- A recently joined member of staff spoke positively about the team working culture of the practice and the support they received.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements. When we asked the group for examples of how they had helped shape the service, they spoke positively about how the practice management team had installed a patient notice board in reception and also developed links with other agencies such as a local carer's network.
- The practice had also gathered feedback from staff through a staff away day and generally through staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

Good

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

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by: • Failing to ensure that vaccines were safely managed and stored; that the fridge temperature was maintained within safe limits to ensure the efficacy of vaccines and immunisations given; and failing to ensure that staff were aware of what actions to take in instances where the fridge temperature was not maintained within safe limits. • Failing to ensure that appropriately signed patient group directions were on file for practice nurses working at the practice. This was in breach of Regulation 12(1)(2)(a)(b) (g)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.