

# Ravenscroft Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services 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 Ravenscroft Medical Centre on 14 and 19 July 2016. During the inspection we identified that governance arrangements did not always operate effectively in that there was limited evidence of sharing learning from significant events and also risks and performance were not always effectively managed (The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Ravenscroft Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)). The overall rating for the practice was requires improvement.

An announced comprehensive inspection was undertaken on 10 August 2017. Overall the practice is now rated as good.

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

- Action had been taken to ensure that significant event reviews and investigations were sufficiently thorough. For example, meetings regularly took place to share learning from significant events and to take steps to maintain or improve patient safety.
- Action had been taken to ensure that governance arrangements operated effectively. For example, staff routinely met to identify, monitor and take mitigating actions against risks.
- Action had been taken to improve arrangements for the safe storage of vaccines. For example, the practice had revised its systems for recording fridge temperature readings.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Data from the national GP patient survey showed that patients rated the practice higher than others on the extent to which they were treated with dignity and respect; and the extent to which they were involved in decisions about their care and treatment.

# Summary of findings

- 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.
- 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.

- Practice management arrangements promoted an open approach to safety which facilitated the delivery of safe and high quality care.

The areas where the provider should make improvement are:

- Continue to monitor and take action as necessary to improve cervical screening and child immunisation uptake rates.
- Ensure that water temperature monitoring takes place to control the risk from Legionella (a term for a particular bacterium which can contaminate water systems in buildings).

**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



- When we inspected in July 2016, we identified concerns regarding the effective monitoring of vaccine fridge temperatures and the robustness of significant events analyses. We asked the provider to take action and at this inspection noted that the provider had improved arrangements for the safe storage of vaccines. We also noted that there was now an effective system for reporting, recording and sharing learning from significant events.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- 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.
- 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 demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for 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



# Summary of findings

- Data from the national GP patient survey showed that patients rated the practice higher than others on the extent to which they were treated with dignity and respect; and the extent to which they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population (for example regarding early morning and late evening extended opening for patients of working age).
- 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 fed back that it was 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 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



- When we inspected in 2016, governance arrangements did not always operate effectively. For example, there were limited systems in place to performance.
- At this inspection, the provider had taken comprehensive action to ensure that gperformance and we noted that a range of risk assessments had taken place (including fire safety and practice also now regularly met to monitor performance on cervical screening uptake.
- 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.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- The practice encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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.

Good



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 79% of patients with diabetes had a blood sugar level which was within the required range compared with the respective 77% and 78% CCG and national averages.
- 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.

Good



### Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively low for all standard childhood immunisations. Staff advised us that many patients were from the orthodox Jewish community whom, for religious

Good



# Summary of findings

reasons, declined to participate in child immunisation programmes. Staff further advised us that the practice continued to actively work to improve immunisations uptake by letter, phone call and through opportunistic engagement.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including 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.

- The practice had identified that many newly registered patients were using foodbanks. Consequently, it had recently started working with a local third sector organisation with the aim of starting a local foodbank for patients and the wider community.

## 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.
- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. For example, a Mental Health Link Worker (whose weekly attendance at the practice was funded by a local Mental Health Trust) spoke positively about how their role supported the practice's GPs and nurses to understand issues around mental health and locally available resources.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017 and contained aggregated data collected from July-September 2016 and January-March 2017.

The results showed that performance was above local and national averages. We noted that 388 survey forms were distributed and that 86 were returned. This represented 1% of the combined patient list.

- 89% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG/national average of 73%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 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.

## Areas for improvement

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

- Continue to monitor and take action as necessary to improve cervical screening and child immunisation uptake rates.
- Ensure that water temperature monitoring takes place to control the risk from Legionella (a term for a particular bacterium which can contaminate water systems in buildings).

# Ravenscroft 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 and a practice nurse specialist adviser.

## Background to Ravenscroft Medical Centre

Ravenscroft Medical Centre is located in Golders Green in the London Borough of Barnet, North London. The practice has a patient list of approximately 7,000 patients. Fourteen percent of patients are aged under 18 (compared to the national practice average of 21%) and 9% are 65 or older (compared to the national practice average of 17%). Forty two percent of patients have a long-standing health condition.

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

The practice holds a General Medical Services contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The staff team comprises three male partner GPs (providing a combined 20 sessions per week), three salaried GPs (one female, two male providing a combined 18 sessions per week), female practice nurse (providing a combined 8 sessions per week), practice manager and administrative/reception staff.

The practice's opening hours are:

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

Appointments are available at the following times:

- Monday :8:30am-12:30pm and 2:30pm -6:30pm
- Tuesday: 9:30am-6:30pm
- Wednesday 8:30am-12:30pm and 2:30pm -6:30pm
- Thursday: 8:30am-12:30pm and 2:30pm -6:30pm
- Friday: 9:30am-12pm and 2pm-6:30pm

The practice offers extended hours opening at the following times:

- Monday: 7:15am-8:30am and 6:30pm-7:45pm
- Tuesday: 7:15am-8:30am and 6:30pm-7pm
- Wednesday: 6:30pm-7pm
- Thursday: 7:15am-8:30am and 6:30pm-7:45pm
- Friday: 6:30pm-7pm

Saturday & Sunday morning appointments are also offered through the Pan-Barnet Federation.

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

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

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

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Ravenscroft Medical Centre on 14 and 19 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

During the inspection we identified that governance arrangements did not always operate effectively in that there was limited evidence of sharing learning from significant events and risks were not always effectively managed. (The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Ravenscroft Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)).

The practice was rated as requires improvement for providing safe and well led services; and overall was rated as requires improvement.

We asked the provider to take action and we undertook a follow up inspection on 10 August 2017 to check that action had been taken to comply with legal requirements.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England to share what they knew. We carried out an announced visit on 10 August 2017. During our visit we:

- Spoke with a range of staff including partner GPs, practice manager, practice nurse and receptionists.
- Observed how patients were being cared for in the reception area.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice's one location.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

At our previous inspection in July 2016, we rated the practice as requires improvement for providing safe services. This was because significant event reviews and investigations were not always sufficiently thorough and because of concerns with the arrangements for the safe storage of vaccines. In addition, a fire safety risk assessment had not taken place within the previous 12 months and the practice had not undertaken a risk assessment of its decision not to keep a defibrillator on the premises.

We found arrangements had improved when we undertook a follow up inspection on 10 August 2017 and the practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

When we inspected in 2016, systems, processes and practices were not always reliable or appropriate to keep people safe in that some clinical staff were unaware of the practice's incident reporting log. We also noted that when things went wrong, reviews were not always sufficiently thorough in that some staff were unaware of the practice's recorded significant events and of the subsequent actions undertaken to improve patient safety. We asked the provider to take action.

At this inspection, we noted that five significant events had been recorded in the previous 12 months and saw evidence that staff regularly met to share learning from these significant events and take action as necessary to improve patient safety.

We also saw evidence of how significant events recording had been used to recognise where appropriate action had been taken by staff in order to improve patient safety. For example, in the instance of a practice nurse who had sought clarification from Public Health England on measles immunisation guidance for infants travelling to affected countries; and whose intervention resulted in national guidance being amended.

- The practice's incident recording protocols supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A 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

## Are services safe?

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 noted that the consultation rooms were carpeted and that the seating in the nurse's waiting room was fabric. These areas had been highlighted in a previous IPC audit and we were told that they would be shortly replaced.

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).

When we inspected in 2016, we identified concerns with the arrangements for managing the safe storage of vaccines in that some fridge temperature records had been disposed of and others showed readings which were outside the required range. We asked the provider to take action.

At this inspection we noted that fridge temperature records were available and within the required range; and that the practice had revised its protocols for the safe storage of medicines. We also noted that the vaccines fridge had been serviced within the previous 12 months.

- 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.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

There had been one staff member recruited since our last inspection and we found that recruitment checks had been undertaken prior to employment. For example, evidence of satisfactory conduct in previous employments in the form of references. We noted that a DBS checks was being processed.

### 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.
- Since our last inspection, the provider had taken action and undertaken a fire risk assessment and also undertaken regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as infection control. It had also taken action since our last inspection to conduct risk assessments for Control of Substances Hazardous to Health (COSHH).
- A risk assessment for the presence of Legionella (a term for a particular bacterium which can contaminate water systems in buildings) had taken place in May 2016 and the practice had taken action to address some risks but we noted that it was not undertaking six monthly water temperature monitoring of hot water and cold water outlets. Shortly after our inspection we were sent confirmation that water samples had been sent for analysis and that no Legionella bacteria had been found. We were also advised that six monthly water temperature monitoring would commence immediately.

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.

- The practice had taken action since our last inspection and installed a defibrillator on the premises.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

## Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- We noted that oxygen with adult and children's masks was available, in addition to a first aid kit and accident book.
- 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.

### 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) rounded average of 94% and national rounded average of 96%. Exception reporting was 5% which was lower than the respective 9% and 10% CCG and national averages (exception reporting the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 98% compared to the respective 88% and 90% CCG and national averages.
- Performance for mental health related indicators was 100% (with 6% exception reporting) compared to the rounded 93% CCG and national average.
- Performance for hypertension was 100% (with 2% exception reporting) which was above the respective 95% and 97% CCG and national averages.
- Performance for asthma was 100% (with 3% exception reporting) which was above the respective 98% and 97% CCG and national averages.

- Performance for cancer was 100% (with 5% exception reporting) which was above the respective 99% and 98% CCG and national averages.

There was evidence of quality improvement including clinical audit:

There had been three clinical audits commenced since July 2016 - all of which were completed audits where the improvements made were implemented, monitored and used by the practice to improve services.

For example, in March 2016, the practice audited 12 patients with diabetes who, in the previous six months, had been administered Medicines X and Y to help lower their blood glucose levels. The March 2016 audit reported that in conjunction with educational input and exercise advice, blood sugar levels had reduced for all 12 patients.

When a follow up audit took place in March 2017 to assess whether these improvements had been maintained, it highlighted that two of the twelve patients' blood sugar levels had increased. These patients were given increased medical input and referred to community diabetic clinic.

We also saw evidence of quality improvement activity regarding patient referral pathways and blood pressure monitoring (which was triggered by NICE guidelines).

### 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



# Are services effective?

## (for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All applicable staff had received an appraisal within the last 12 months.

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

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

A Mental Health Link Worker based at the practice spoke about how this positively impacted on multi-disciplinary working. We were told that the service had helped reduce the number of unnecessary referrals and ensured that appropriate referrals were facilitated quickly and to the right team.

GPs fed back that the service had increased their confidence in managing patients in their community and spoke positively about having a direct link into secondary

care mental health services. We were also told that patients had feedback that their journeys and transitions within services were smoother and that they were seen more quickly.

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

When we inspected in 2016, we were shown unverified performance data on the day of our inspection which indicated that cervical screening uptake was 63% which was below CCG and national averages. We did not see evidence of action being taken to make improvements or of performance having been discussed. We asked the provider to take action.

Shortly after our inspection we received an action plan for improving cervical screening uptake rates. This included activity such as further promoting the cervical screening programme to new patients and providing Women's Health Sessions at the provider's University branch location (so as to promote cervical screening to young student patients).

# Are services effective?

(for example, treatment is effective)

The practice also had a policy of offering telephone or written reminders for patients who did not attend for their cervical screening test; and of opportunistically promoting screening when eligible patients attended the practice.

At this inspection, we were shown unverified performance data which indicated that cervical screening uptake had increased to 71%. Although this was still below CCG and national averages, staff were confident that their actions would further improve uptake rates and we were told that performance was now routinely discussed at monthly clinical meetings.

The practice also demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Unverified data we were shown indicated that the practice's performance for standard childhood immunisations at two years old ranged between 79% to 92% and 58% to 81% at 5 years old (compared to the 90% national target). When we highlighted this performance, staff advised us that many patients were from the local orthodox Jewish community and whom, for religious reasons, declined to participate in child immunisation programmes. Staff further advised us that the practice continued to actively work to improve immunisations uptake by letter, phone call and through opportunistic engagement.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 40 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.

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

- 95% of patients said the GP was good at listening to them compared with the rounded national and clinical commissioning group (CCG) average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 99%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 92%.

- 97% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 100% 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%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and compared to the 87% national average.

### Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the respective CCG and national averages of 84% and 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

## Are services caring?

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

### **Patient and carer support to cope emotionally with care and treatment**

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

Information about support groups was also available on the practice website. Support for socially isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2% of its patient list as carers. Written information was available to direct carers to the various avenues of support available to them. We were told that older carers were offered timely and appropriate support such as influenza vaccinations.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had reviewed the needs of its local population.

- The practice was part of a network of local practices and was therefore also able to offer early morning, late evening and weekend appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and interpreting services available.
- The practice could accommodate gender specific GP consultation requests.
- On line appointment booking and repeat prescription facilities were available.

### Access to the service

The practice's opening hours are:

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

Appointments are available at the following times:

- Monday :8:30am-12:30pm and 2:30pm -6:30pm
- Tuesday: 9:30am-6:30pm
- Wednesday 8:30am-12:30pm and 2:30pm -6:30pm
- Thursday: 8:30am-12:30pm and 2:30pm -6:30pm
- Friday: 9:30am-12pm and 2pm-6:30pm

The practice offers extended hours opening at the following times:

- Monday: 7:15am-8:30am and 6:30pm-7:45pm
- Tuesday: 7:15am-8:30am and 6:30pm-7pm
- Wednesday: 6:30pm-7pm
- Thursday: 7:15am-8:30am and 6:30pm-7:45pm
- Friday: 6:30pm-7pm

Saturday & Sunday morning appointments are also offered through the Pan-Barnet Federation.

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

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

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were above local and national averages.

- 78% 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%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 94% 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 respective CCG and national averages of 82% and 84%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 80% of patients described their experience of making an appointment as good compared with the 73% CCG and national averages.

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

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP

# Are services responsive to people's needs?

(for example, to feedback?)

responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation, according to clinical need.

## Listening and learning from concerns and complaints

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.

We looked at three complaints received since our July 2016 inspection and found that these were dealt with in a timely way with openness and transparency. We also saw evidence that lessons were learned from individual concerns and that complaints were routinely discussed at team meetings.

# Are services well-led?

Good 

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

## Our findings

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

When we undertook a follow up inspection on 10 August 2017 we noted that governance arrangements had significantly improved. The provider is therefore rated as good for providing well led services.

### Vision and strategy

The practice's statement of purpose aimed to provide excellent patient care delivered in a clean, suitably equipped and safe environment. Staff knew and understood their role in delivering care.

### Governance arrangements

When we inspected in July 2016, governance arrangements did not support the delivery of high-quality care in that there was limited evidence of effective risk management or of sharing learning from significant events.

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

- A comprehensive understanding of the performance of the practice was maintained. Records showed that monthly practice meetings were held and which provided an opportunity for staff to learn about the performance of the practice and take improvement action (for example regarding the findings of our last inspection).
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Clinical and internal audit continued to be used to monitor quality and to make improvements.

### Leadership and culture

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

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

- Staff said they felt respected, valued and supported. Partner GPs told us that they encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and we were told that staff meetings routinely sought and acted on staff feedback. 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

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