

Colney Hatch Lane Surgery

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Colney Hatch Lane Surgery on 2 August 2017. Overall the practice is rated as requires improvement.

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

- Staff did not always understand and fulfil their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were not thorough enough.
- Risks to patients were not always well managed, for example those relating to fire, health and safety.
- Staff were not always aware of current evidence based guidance. Consequently, there was limited evidence of how these had been used to deliver effective care and treatment.
- Data showed patient outcomes were improving to the national average. Although some audits had been carried out, we saw limited evidence that audits were driving improvements to patient outcomes.

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Patients we spoke with said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. However, there were limited formal governance arrangements were in place.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Introduce reliable processes for reporting, recording, acting on and monitoring significant events and for assessing and

Summary of findings

monitoring risks and the quality of the service provision Address identified concerns with fire, safety and health and safety practice. Ensure the practice's quality improvement process takes account of national guidelines and can demonstrate improved patient outcomes.

In addition the provider should

- Review arrangements for monitoring the use of blank prescription forms and pads.
- Consider ways to improve cervical screening rates specifically in relation to inadequacy results.
- Consider a consent audit to review the effectiveness of how consent is obtained from patients in line with practice's protocols.

- Review the practice's approach to analysing practice complaints to include both verbal and written complaints to demonstrate consideration of how actions taken have resulted in improved outcomes for patients.
- Assess the practice's strategy and consider developing supporting business plans to assist the practice in achieving its vision.
- Review processes in regard to the duty of candour to record all verbal as well as written interactions.
- Review the practice's approach to multi-disciplinary discussions in order to better meet the needs of its most vulnerable patients.

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 requires improvement for providing safe services.

- Staff did not always understand their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe.
- 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.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Knowledge of and reference to national guidelines was inconsistent.
- Data showed patient outcomes were improving. For example overall QOF achievement had improved by 8% since 2015/16. However, cervical smear rates required further improvement specifically in regard to the inadequate smear rates which was 9% in a recent audit.
- There was limited evidence that audit was driving improvement in patient outcomes.
- Multi-disciplinary working was taking place but was generally informal and record keeping was limited or absent.
- End of life care was effectively coordinated where this was required.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said 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 evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There was a designated person responsible for handling complaints however, verbal complaints were not always recorded and analysed in the same way as written complaints.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had limited governance arrangements in place to support delivery. There was no overarching formalised framework within which the practice operated. For example, arrangements to monitor and improve quality and identify risk required review and the practice did not hold regular governance meetings.
- There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity.
- 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.
- The practice had a vision and had begun to develop a strategy however, there were no written business plans in place.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for being safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- 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. However, some older people did not have care plans where necessary.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for being safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- 69% of patients with diabetes, on the register, now had their last blood sugar level is 64 mmol/mol or less in the preceding 12 months; an 8% improvement on 2015/16 bringing performance more in line with local and national outcomes.
- 74% of patients with diabetes, on the register, now had their last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less; an increase of 6% on 2015/16 bringing performance more in line with local and national outcomes.

Requires improvement



Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- 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 and this was arranged on a case by case basis.

Families, children and young people

The provider was rated as requires improvement for being safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- Immunisation rates were comparable for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 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.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for being safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and access to weekend appointment via a local hub.

Requires improvement



Summary of findings

- 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

The provider was rated as requires improvement for being safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients on a case by case basis. However, the practice was not meeting regularly with local professionals to coordinate patient care and information sharing in order to better meet the needs of its most vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for being safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- The practice carried out advance care planning for patients living with dementia.

Requires improvement



Summary of findings

- Performance for dementia related indicators was below the national average. Seventy five percent of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a local CCG average of 85% and a national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months; an 8% increase on 2015/16 bringing performance more in line with local and national outcomes.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing higher or in line with local and national averages. Three hundred and eleven survey forms were distributed and 125 were returned. This represented 2% of the practice's patient list.

- 93% 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 95%.
- 81% 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%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 77%.
- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 87% 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%.

- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% national average of 71%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 81% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. One comment card for example, stated that the service they received was kind, helpful and supportive. Another patient said they received a good level of care throughout their time at the practice and they were always treated with compassion and understanding.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Colney Hatch Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Colney Hatch Lane Surgery

Colney Hatch Lane Surgery is located in Muswell Hill, North London. It is one of the member GP practices in the Barnet Clinical Commissioning Group (CCG). The practice is located in the fifth less deprived decile of areas in England. Census data shows some 10% to 20% of the local population does not speak English as their main language. At 81 years, male life expectancy is higher than the England average of 79 years; and at 86 years, female life expectancy is higher than the England average of 83 years.

The practice has approximately 5,800 registered patients.

The practice population distribution is mostly similar to the England average although there is a greater proportion of patients in the 25 to 44 years age group and fewer patients in the 60 to 85+ age groups. Services are provided under a General Medical Services (GMS) contract (a contract providing general primary medical services) with NHS England.

There are three GP consulting rooms and one practice nurse treatment room. The GP principal and a salaried GP together provide the equivalent cover of two whole time GPs. Both GPs are male.

There is a regular GP locum who provides cover when needed and additional capacity in the winter months when demand on the service is higher. There are two part time practice nurses and a part time healthcare assistant. There is a team of reception, administrative and secretarial staff

and a practice manager. One of the receptionists is also the healthcare assistant for the practice.

The practice's opening times are:

Monday	8am to 1pm and 2pm to 6.30pm
Tuesday	8am to 1pm and 2pm to 6.30pm
Wednesday	8am to 1pm and 2pm to 6.30pm
Thursday	8am to 1pm and 2pm to 6.30pm
Friday	8am to 1pm and 2pm to 6.30pm

Appointments are available at the following times:

Monday	9am to 11.30am and 4pm to 8pm (extended hours from 6.30pm to 8pm (face to face appointments)
Tuesday	9am to 11.30am and 4pm to 8pm (extended hours from 6.30pm to 8pm (telephone appointments)
Wednesday	9am to 11.30am and 4pm to 6.30pm
Thursday	9am to 11.30am and 4pm to 6.30pm
Friday	9am to 11.30am and 4pm to 6.30pm

Colney Hatch Lane Surgery is registered with the Care Quality Commission to carry on the following regulated activities at 192 Colney Hatch Lane, Muswell Hill, London N10 1ET: Diagnostic and screening procedures, Maternity and midwifery services, and Treatment of disease, disorder or injury.

Urgent appointments are available each day and GPs also complete telephone consultations for patients. In addition,

Detailed findings

the practice is a member of the Pan Barnet federated GP's network a federation of local Barnet GP practice's which was set up locally to provide appointments for patients at local hub practice's between 8am and 8pm; providing additional access out of hours. There is also an out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients via the practice website and practice leaflet as well as through posters at the practice.

Why we carried out this inspection

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

This practice was registered with CQC on 20 October 2016.

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 2 August 2017. During our visit we:

- Spoke with a range of staff (GP's, practice nurses, healthcare assistant, a practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was little evidence of learning from events or actions taken to improve safety.

- Staff told us they would inform the practice manager of any incidents. Staff were advised to provide a verbal account or email note of the incident to the practice manager. However, staff were not clear what constituted a significant event. The practice significant event policy stated that an incident recording form would be completed by the manager or lead for the incident. We were advised by the principal GP and Practice manager that there had been no significant events in the past year; despite staff advising us on the day of a number of potential incidents that would require review. For example, the practice had not logged a recent NHS computer failure, a recent fire alarm activation or a potential incident involving an ambulance being called to the premises to attend an unwell patient. The practice manager and principal GP acknowledged that the appropriate processes had not been put in place and this had been due to a number of recent clinical staff changes.
- We could not be assured that all significant events has been appropriately identified specifically in terms of those relating to when things went wrong with care and treatment. We could not be certain that the practice had complied with the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was no evidence that lessons were shared and action was taken to improve safety in the practice.
- There were no safety records, incident reports, or patient safety alerts or minutes of meetings where significant events were specifically discussed. The practice had not carried out a thorough analysis of the significant events.
- The practice was not monitoring trends in significant events and were not evaluating any action taken as a result.

Overview of safety systems and processes

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

- 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 three.
- 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)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

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

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. However, although blank prescription forms and pads were securely stored there was no system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice's health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- The practice had an up to date fire risk assessment, however, it had not fully reviewed or acted on all of the identified concerns in over a year. The practice had not conducted any fire drills. Although there were two designated fire marshals; they had not received fire warden training and there was no clear fire evacuation plan which identified how staff could support patients with mobility problems to evacuate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). However, the health and safety risk assessment had not been fully reviewed and not all actions had been carried forward.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. We noted that the next basic life support training on site had been arranged for October 2017.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were in a secure area of the practice however, they were not easily accessible to staff as they were kept in a locked cupboard. During the inspection these were removed from the locked cupboard to ensure they could be easily used during an emergency. Staff knew of their location. All the medicines we checked were in date.
- 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 not always aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Although the practice had systems to keep all clinical staff up to date and staff had access to guidelines from NICE. Clinicians were not always using this information to deliver care and treatment that met patients' needs. The principal GP told us that discussions took place informally but there was not a formalised clinical process for deciding which guidelines required action.
- The practice was not consistently monitoring that these guidelines were followed through risk assessments, audits and or random sample checks of patient records and were not able to provide any recent examples. For example, in January 2015 and again in June 2017, the Medicines and Healthcare products Regulatory Agency issued a Drug safety update on Medicines related to Valproate (a medicine used in the treatment of mental health conditions). Identified risks were abnormal pregnancy outcomes. It included a strengthened warning stating that valproate should not be prescribed to female children, female adolescents or women of childbearing potential unless other treatments are ineffective or not tolerated. Valproate should therefore only be prescribed to treat mental health problems in women of childbearing potential in exceptional circumstances. The guideline asked that clinicians review patients on valproate to ensure that woman understand the risks associated with medicine during pregnancy and that effective contraception should be used. We reviewed three patients of childbearing age taking this medicine and found that in all three cases reviews had not been actioned to follow up on the guideline and only one of the patients had a contraceptive recorded. We spoke to the principal GP about this and they acknowledged that action should have been taken and a formalised process for monitoring such guidelines would be in put in place following the inspection. The principal GP advised that patients would be contacted following the inspection.

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 85% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. Exception reporting rate overall was 11%, compared with CCG average of 8% and the national average of 9%. (Exception reporting is the process by which practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect). This practice was not an outlier for any QOF (or other national) clinical targets. Published data from 2015/16 showed:

- Performance for asthma related indicators was below the CCG and national averages. For example, 71% of patients on the asthma register had had an asthma review in the preceding 12 months that included an assessment of asthma control (compared to a local CCG average of 76% and a national average of 76%).
- Performance for hypertension related indicators were below the CCG and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 72% (compared with a local CCG average of 81% and a national average of 83%). Exception reporting was 1% for this clinical domain compared to 4% nationally.
- Performance for mental health related indicators were below the national average. For example: 76% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a local CCG average of 91% and a national average of 89%. Exception reporting was 6% for this clinical domain compared to a local CCG average of 2% and a national average of 13%.
- Performance for dementia related indicators were below to the national average. Seventy five percent of patients diagnosed with dementia had had their care

Are services effective?

(for example, treatment is effective)

reviewed in the preceding 12 months compared with a local CCG average of 85% and a national average of 84%. Exception reporting was 8% for this clinical domain compared to a national average of 7%.

- Performance for diabetes related indicators was below the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood sugar level is 64 mmol/mol or less in the preceding 12 months was 61% compared to a local CCG average of 77% and a national average of 78%. For the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 68% compared to the CCG average of 78% and 80% nationally. Exception reporting was 14% for this clinical domain compared to a local CCG average of 9% and a national average of 13%.

The practice demonstrated that it had made improvements in its QOF 2016/17 by achieving 93% of the total number of points available; a 7% increase on 2015/16 (however, this data is yet to be published and is therefore currently unverified). We saw that continued efforts to establish a more organised approach to chronic disease management and engagement in secondary prevention had produced improved results in 2016-17.

Unverified performance data for 2016/17 which had been submitted in April 2017 showed:

- 78% of patients on the asthma register now had had an asthma review in the preceding 12 months that included an assessment of asthma control; a 6% increase on 2015/16 which is in line with local and national outcomes.
- 82% of patients with hypertension now had their last blood pressure reading (measured in the preceding 12 months) as 150/90 mmHg or less; a 10% improvement on 2015/16.
- 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months; an 8% increase on 2015/16 bringing performance more in line with local and national outcomes.
- No change in the performance for patients diagnosed with dementia had had their care reviewed in the preceding 12 months (75%).

- 69% of patients with diabetes, on the register, now had their last blood sugar level is 64 mmol/mol or less in the preceding 12 months; an 8% improvement on 2015/16 bringing performance more in line with local and national outcomes.
- 74% of patients with diabetes, on the register, now had their last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less; an increase of 6% on 2015/16 bringing performance more in line with local and national outcomes.

There was evidence of quality improvement and improving patient outcomes including clinical audit.

- We were shown two clinical audits carried out in the last year by practice nurses,. One was an inadequate smears audit which had commenced in 2015 reviewing annual cervical smear results from 2014 to 2016. The purpose of the audits were to look at the effectiveness of the practice's cytology programme and effectiveness of smear taking. In 2015 results showed that practice nurses has a total inadequacy rate of 4.9%, in 2015 a reduction to 3.4%. However, in 2016, despite implementing actions the inadequate rate rose to 8.9% which is above acceptable levels nationally. Following the 2016 audit the practice had strengthened its checks to ensure samples were correctly labelled with all the patient's details.
- The other involved an audit of foot checks for patients with diabetes. The aim to improve diabetic foot care. The audit involved reviewing all diabetic patients on the diabetic register between April 2015 and March 2016. These were a total of 278 patients on the register. As a result the practice increased its diabetic foot risk assessments by 45% on the previous 12 months by focusing on patient engagement.

The principal GP told us they recognised that the practice's approach to quality improvement required further development specifically for those related to clinical guidance such as NICE and MHRA. The principal GP advised that following the inspection a programme of two cycle audits would be established which would focus on patient care and treatment outcomes as part of its clinical governance approach alongside nursing led audit.

Effective staffing

Are services effective?

(for example, treatment is effective)

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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, 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.
- 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. However, we noted that discussions with other health care professionals took place on an individual informal basis and were not part of a regular monthly meeting where care plans were routinely reviewed or updated for patients with complex needs. The principal GP advised that this was often due to the difficulties in arranging meetings with community health staff due to staffing pressures across these organisations.

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.
- However, the process for seeking consent had not been monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 68%, which was comparable with the CCG average of

Are services effective?

(for example, treatment is effective)

65% but below the national average of 73%. We also noted that a recent audit of cervical smears identified a higher than expected level of inadequate results at 8.9%. This required further improvement.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 62% to 79% and five year olds from 90% to 94%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in

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

Patients had access to appropriate health assessments and checks. 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 44 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 three patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 93% 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 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 97% 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%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 in line with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

Are services caring?

- 87% 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%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and a national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information about the practice, services and support groups, and about health conditions was available on the practice website. People using the website could select the language in which they wanted to read this information.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 130 patients as carers (2% of the practice list). Information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday and Tuesday evening until 8.30pm for working patients 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 had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients had access to online appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, baby changing and interpretation services available.

Access to the service

The practice's opening times are:

Monday 8am to 1pm and 2pm to 6.30pm

Tuesday 8am to 1pm and 2pm to 6.30pm

Wednesday 8am to 1pm and 2pm to 6.30pm

Thursday 8am to 1pm and 2pm to 6.30pm

Friday 8am to 1pm and 2pm to 6.30pm

Appointments are available at the following times:

Monday 9am to 11.30am and 4pm to 8pm (extended hours from 6.30pm to 8pm (face to face appointments))

Tuesday 9am to 11.30am and 4pm to 8pm (extended hours from 6.30pm to 8pm (telephone appointments))

Wednesday 9am to 11.30am and 4pm to 6.30pm

Thursday 9am to 11.30am and 4pm to 6.30pm

Friday 9am to 11.30am and 4pm to 6.30pm

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or above local and national averages.

- 80% 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%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% national average of 71%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 81% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 64% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 68%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- 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.

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. For example there was a complaints poster in reception.

We looked at two complaints received in the last 12 months and found that written complaints were handled satisfactorily and dealt with in a timely and open way. Lessons were learned from individual concerns. For example, we reviewed one complaint in regard to a prescription request that had been managed in accordance with practice guidelines. However, we found there to be limited analysis of trends for both written and verbal complaints. It was not always clear how actions that had been taken as a result had improved the quality of care through practice meetings.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had been focused over the past year on establishing new management arrangements and resourcing the practice to meet patient needs as a new provider. The practice had taken on a new salaried GP to support the principal GP in July 2016 following the retirement of a long established partner in March 2016. Staff told us that they now felt able to focus on developing a strategy and set of business plans to support the practice's vision to provide high quality, safe and effective services to all patients.

Governance arrangements

The practice had limited governance arrangements in place to support delivery. There was no overarching formalised framework in which the practice operated. There was a lack of clinical leadership in the delivery of quality improvement to support a future strategy and deliver good quality care in the changing NHS landscape. However, the practice had some structures and procedures in place for example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had some lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly though it was not always clear how these were discussed specifically in regard to clinical guidelines as the practice did not have clinical specific formalised discussions.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Although some audits had commenced at the practice for example, smear and diabetic foot assessment audits. A programme of continuous clinical and internal audit was not used to monitor quality and to make improvements and this needed to be developed further specifically in line with national guidelines such as NICE and MHRA to ensure patients are kept safe.
- There were not always appropriate arrangements for managing risks, issues and implementing mitigating

actions. For example, although the practice had identified and recorded risks such as fire and health and safety the practice had not ensured that actions were followed up or implemented in line with legislation.

- We saw evidence from minutes of practice team meetings. However, they did not always allow for lessons to be learned such as following significant events and or complaints. Formalised clinical meetings did not take place and therefore there clinical governance decisions about quality improvement were not clear. For example, there had been no significant events recorded for over a year despite a number being identified throughout the inspection.

Leadership and culture

The principal GP told us they prioritised safe, high quality and compassionate care. Staff told us they were approachable and always took the time to listen to all members of staff. However, there was a lack of clinical oversight in regard to safety systems and quality improvement. For example, training for all staff on communicating with patients about notifiable safety incidents had not taken place. In addition, the practice had not had formalised minuted multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns on an individual basis.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The principal GP encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had some systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- However, the practice did not always keep written records of verbal interactions as well as written correspondence.

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

Are services well-led?

Requires improvement 

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

- Staff told us the practice held regular team meetings. However, there were limited clinical meetings to drive forward quality outcomes and overall business strategy.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Team meeting minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the practice management. All staff were involved in discussions about how to run and develop the practice, and staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a recent survey had focussed on lunch time opening hours to ensure the practice was providing the most appropriate access for patients.
- the NHS Friends and Family test, complaints and compliments received
- staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: systems and processes did not enable the provider to identify where quality/or safety were being compromised and therefore were not responding appropriately without delay. For example significant events and quality improvement audits.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular; fire risks and health and safety.</p> <p>Regulation 17(1)</p>