

# The Practice @ 188

## Inspection 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 location

Good



# Overall summary

We had previously carried out an announced comprehensive inspection in October 2017, the practice was rated good for all domain and population groups at that time. The report for the comprehensive inspection can be found by selecting the 'reports' link for The Practice @ 188 on our website at: <https://www.cqc.org.uk/location/1-2464509211/reports>

We received concerns about the population group 'older people' from third parties. To ensure the care of older people was in line with the good rating the practice received in October 2017, we carried out an announced focused inspection at The Practice @ 188 on 13 November 2018 to review the care of older people. The practice were open and transparent during the inspection process.

We reviewed the population group 'older people' against the key questions:

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

We found no patient safety concerns when reviewing this population group. We did find areas of good practice and we found the population group 'older people' was in line with the good rating awarded in October 2017.

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

- The practice had effective systems to manage medicines for older people including high risk medicines.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided for older people. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated older people with compassion, kindness, dignity and respect.
- Learning from incidents was identified and shared widely enough to result in improved outcomes for patients.
- Medical records we reviewed for older people were comprehensive and in line with General Medical Council guidelines.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

Older people

Good



## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to The Practice @ 188

The Practice @ 188 is a practice located in the London Borough of Barnet. The practice is part of the NHS Barnet Clinical Commissioning Group (CCG). It currently holds a Personal Medical Service (PMS) contract with NHS England. This is a locally agreed alternative to the General Medical Services contract used when services are agreed with a practice which may include additional services beyond the standard contract.

The clinical team at the practice is made up of one male Lead GP and five part time salaried GPs (all female), a female practice nurse, a female health care assistant and a female phlebotomist. (Phlebotomists are clinicians trained to take blood samples from patients for testing in laboratories). There are nine administrative staff and a full time practice manager.

The practice is open between 8am and 8.30pm on Monday and between 8am and 6.30pm from Tuesday to Friday. Appointments are from 8.30am to 1pm and 2pm

to 6.30pm. Extended hours surgeries are offered on Monday between 6.30pm and 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that need them. Patients are able to book appointments on-line. The practice opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury. The practice provides a range of services including child health and immunisation, minor illness clinic, phlebotomy, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring

# Are services safe?

We carried out an announced focussed inspection on 13 November 2018 to review the care of older people due to concerns we received from third parties. At the time of the inspection, the practice was providing care to approximately 7,500 patients. The practice has a large older population, with 15% of the practice population being aged over 65 years. The practice serves the general population but provides specific services to six nursing homes and two residential care homes.

At this inspection we focussed on the care of patients aged 65 years and older. We reviewed care planning, medicine management, medical records for patients registered with the practice that reside in nursing and residential homes, management of long term conditions and the care of patients on the frailty register.

When we reviewed medical records, we randomly selected a sample of records for older people that lived in nursing homes. We selected records from three of the eight nursing and residential homes that the practice serves. In addition, we reviewed records for older people who were not living in a care home setting. We found that care for older people was in line with the regulations set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reviewed the care of older people in line with the five key questions, detailed findings are below and in the evidence table.

## Are services safe?

**We did not review the rating for the safe domain at this inspection, we reviewed the care of older people to ensure it was safe. The safe domain is still rated good as awarded at the October 2017 comprehensive inspection.**

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

### Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

### Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The systems for managing high risks medicines were comprehensive and effective. For example, we randomly reviewed records for older patients who were prescribed high risk medicines and found that there was an audit trail confirming that appropriate monitoring was carried out before prescriptions were issued. This review included patients that lived in a nursing home.

# Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

- We reviewed significant events that related to the care of older people. We found that significant events were investigated in line with practice policy, learning was identified and shared with other health care professionals where appropriate. For example, we reviewed one event where the learning identified resulted in additional training for healthcare staff at a local nursing home.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

## Are services effective?

**We did not review the rating for the effective domain at this inspection, we reviewed the care of older people to ensure it was effective. The effective domain is still rated good as awarded at the October 2017 comprehensive inspection.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. For example, older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication in line with guidelines set out in the national GP contract.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- As part of the audit programme, the practice completed several clinical audits reviewing care for older people. For example, a three-cycle audit was conducted to review accident and emergency admissions for older people. The audit looked at what the admission was for, attendance diagnosis, what social plans were in place for the patient, quality of discharge information, community care arrangements in place and the patients

supply of medication. If any shortcomings were identified in the discharge process the learning identified would be shared with the hospital and the Clinical Commissioning group.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions and older people.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

# Are services effective?

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

## **Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**

# Are services caring?

## Are services caring?

**We did not review the rating for the caring domain at this inspection, we reviewed the care of older people to ensure it was caring. The caring domain is still rated good as awarded at the October 2017 comprehensive inspection.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. For example, a large proportion of patients registered at the practice would prefer their loved ones to be buried within 24 hours in line with their religious beliefs. The practice have an agreement with local nursing and residential homes to sign death certificates within 24 hours to allow family members to hold the funeral within an acceptable timeframe, this includes signing death certificates outside of the practice opening hours, including weekends, if required.

- The practice gave patients timely support and information.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

**Please refer to the evidence tables for further information.**



# Are services responsive to people's needs?

## Are services responsive to people's needs?

**We did not review the rating for the responsive domain at this inspection, we reviewed the care of older people to ensure it was responsive. The responsive domain is still rated good as awarded at the October 2017 comprehensive inspection.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- We saw evidence that the practice formally responded to complainants and informed them of their rights to escalate the complaint if they were not satisfied with the resolution.

**Please refer to the evidence tables for further information.**

# Are services well-led?

## Are services well-led?

**We did not review the rating for the well-led domain at this inspection, we reviewed the care of older people to ensure it was well-led. The well-led domain is still rated good as awarded at the October 2017 comprehensive inspection.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of high-quality sustainable care.

- The practice focused on the needs of patients.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on the safety and well-being of all staff.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. For example, the clear recording of medication changes and pathology results ensured medicines were safely prescribed.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, the accident and emergency admissions audit identified vulnerable patients who may require additional support.

**Please refer to the evidence tables for further information.**