

Dr Sirisena & Partners

Quality Report

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

Ratings

Overall rating for this service

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?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Sirisena & Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sirisena & Partners (also known as Deans Lane Medical Centre) on 8 November 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of locum GP pre-employment checks.
- Clinical audit was not being used to drive quality improvement.
 - Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
 - People were treated compassionately when they complained and we noted that complaints were investigated in an open, transparent and timely manner. However, we did not see evidence of how learning from complaints was used to improve quality of care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary locum GP pre-employment checks.
- Take action to ensure that the locum GP update their annual basic life support training which had lapsed by six months at the time of our inspection.

The areas where the provider should make improvement are:

- Carry out clinical audits and re-audits to improve patient outcomes.
- Ensure that a second thermometer is installed or undertake monthly checks of the existing thermometer to ensure that it is accurate.
- Ensure that emergency medicines are stored in a location which is readily accessible.

- Consider introducing systems to ensure that learning from complaints is formally shared amongst staff and used to improve the service.

We inspected this location in September 2015 and rated it as good for providing effective, caring, responsive and well led services; and good overall. The practice was rated as requires improvement for providing safe services because we identified concerns regarding infection control and the process for recording fridge temperatures. At this inspect, we noted that these concerns had been addressed but other concerns were identified.

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.

- Risks to patients were assessed and well managed with the exception of those relating to pre-employment checks for locum GPs.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Requires improvement



Are services effective?

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

- We did not see evidence that completed, two cycle clinical audits were being used to drive quality improvement.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice as comparable to others for several aspects of care.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with Barnet Clinical Commissioning Group to secure improvements to services where these were identified. For example, late evening appointments were offered on Monday evenings.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities such as step free access and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included some arrangements to monitor and improve quality.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 requires improvement for the care of older people.

The provider was rated as requires improvement for safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A register of older patients was maintained and all patients on the register had a care plan and had been given a direct phone number to a named GP.

Requires improvement



People with long term conditions

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

The provider was rated as requires improvement for safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- We noted that 83% of patients with diabetes had a total measured cholesterol level which was within the required range (compared to the respective 79% and 81% CCG and national averages).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

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

The provider was rated as requires improvement for safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared with 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.

Requires improvement



Working age people (including those recently retired and students)

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

The provider was rated as requires improvement for safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

The provider was rated as requires improvement for safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

The provider was rated as requires improvement for safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the 84% national average.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) compared with the 90% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. We noted that 342 survey forms were distributed and 101 were returned. This represented approximately 3% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone, compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 76%.

- 82% of patients described the overall experience of this GP practice as good, compared to the national average of 85%.
- 78% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received; 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 **MUST** take to improve

- Ensure recruitment arrangements include all necessary locum GP pre-employment checks.
- Take action to ensure that the locum GP update their annual basic life support training which had lapsed by six months at the time of our inspection.

Action the service **SHOULD** take to improve

- Carry out clinical audits and re-audits to improve patient outcomes.

- Ensure that a second thermometer is installed or undertake monthly checks of the existing thermometer to ensure that it is accurate.
- Ensure that emergency medicines are stored in a location which is readily accessible.
- Consider introducing systems to ensure that learning from complaints is formally shared amongst staff and used to improve the service.

Dr Sirisena & Partners

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.

Background to Dr Sirisena & Partners

Dr Sirisena & Partners is located in the London Borough of Barnet, North London. The practice has a patient list of approximately 4,000 patients. Twenty two percent of patients are aged under 18 (compared to the national practice average of 21%) and 8% are 65 or older (compared to the national practice average of 17%). Thirty one 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; which is the commonest form of GP contract for delivering medical services.

The staff team comprises two male partner GPs (providing a combined 14 sessions per week), one female practice nurse (7 sessions per week), two occasionally used long term GP locums (one female, one male), a practice manager and administrative/reception staff.

The practice's opening hours are:

- Monday-Friday: 8am -6.30pm
- Except Thursday: 8am-1pm

The practice offers extended hours opening at the following times:

- Monday: 6:30pm-7:30pm

Appointments are available at the following times:

- Monday, Tuesday, Wednesday, Friday 8:30am - 12:00pm & 3:00pm - 6.00pm
- Thursday: 8:30am - 12:00pm

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

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.

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.

We inspected this practice in September 2015 and rated it as good for providing effective, caring, and responsive and well led services; and good overall. The practice was rated as requires improvement for providing safe services

Detailed findings

because we identified concerns regarding infection control and the process for manually recording fridge temperatures. At this inspect, we noted that these concerns had been addressed.

During the planning stage of our inspection, we were advised that the previous partners had retired and that the new provider was in the process of updating their registration details.

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 8 November 2016.

During our visit we:

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

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

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

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

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

Please note that when referring to 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Two significant events had been recorded in the previous 12 months and we saw evidence that lessons were shared and action was taken to improve safety in the practice.

For example, the significant event log noted that in April 2016, a patient had had a seizure but that their nurse's attempts to summon assistance using the practice's clinical system had failed. A GP was called and was able to assist the patient. A review of the incident highlighted that the nurse had not fully activated the "raise alarm" alert. The log further noted that all staff had since been reminded of how to summon assistance using the practice's clinical system.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level 3. Non clinical staff were trained to level 1 vulnerable adults and level 2 child safeguarding.

- 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. When we inspected in 2015, we noted that the practice was not undertaking infection control audits and that not all staff had received training. At this inspection we noted that the practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken within the last 12 months and we saw evidence that action was taken to address any improvements identified as a result.
- When we inspected in 2015, we noted that the vaccine fridge's temperatures were not being monitored sufficiently in that the vaccine fridge did not display the minimum and maximum temperatures of the fridge correctly. We also noted that the downloaded data from the independently powered external thermometer showed fluctuation in temperatures within the normal range which the fridge failed to display. We asked the provider to take action.

At this inspection, we noted that a new fridge had been purchased and that minimum, maximum and actual temperatures were being recorded using a data logger. There was also a protocol in place to advise staff on actions to be taken in the event of a fridge failure or temperatures

Are services safe?

being recorded outside the required range although we noted that on one date, Saturday 5 November 2016, the recorded temperature was 24 degrees Celsius (which was outside the normal range) with no record of any associated action being taken. We were told that this was due to a faulty data logger and shortly after our inspection we were advised that a new data logger had been purchased and that the incident would be logged as a significant event.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG 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 was a system in place to monitor their use.
- The practice had signed Patient Group Directions (PGDs) in place to allow its practice nurse to legally administer medicines. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed personnel files for the newest clinical and non clinical staff members and found that appropriate recruitment checks had been undertaken prior to employment such as proof of identification, references and the appropriate checks through the Disclosure and Barring Service. However, the practice could not provide any pre-employment checks for the locum GP working at the practice on the day of the inspection. We were sent pre-employment checks shortly after our inspection (including level 3 safeguarding training, confirmation of Hepatitis B status and indemnity insurance) but we noted that the GP was overdue their annual basic life support training by six months.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- With the exception of a locum GP, all staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- We noted that emergency medicines and equipment were not stored in the same location which would hinder access in an emergency. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- We saw evidence that staff and access to protected learning time, so as to update themselves on latest NICE guidelines and use 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 (2015/16) were 92% of the total number of points available with 4% exception reporting (which was above local and national respectively average by 1 and 4%). Exception reporting is 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.

The latest QOF data showed:

- Performance for diabetes related indicators was 87% which was below the national average of 90%.
- Performance for mental health related indicators was 82% which was below the national average of 93%.
- Performance for asthma related indicators was 100% which was above the national average of 97%.
- Performance for chronic kidney disease related indicators was 100% which was equal to the rounded national average.
- Performance for cancer related indicators was 100% which was above the national average of 98%.

This practice was not an outlier for any QOF (or other national) clinical targets.

We looked at quality improvement systems including clinical audit.

- There had been one clinical audit started within the last 12 months. The audit started in March 2016 and identified whether patients on anti-psychotic medications had had an annual blood test. The first cycle highlighted that 10 of the 15 patients had not had an annual blood test. We noted that a number of interventions had been started such as calling or writing to patients about their outstanding tests and attaching blood test request forms to patients' prescription forms.

On the day of our inspection we were shown the second cycle of the audit. This stated that there was no evidence of increased blood test uptake following the audit's interventions. In addition, we noted that for both cycles, there was a higher proportion of patients who had not had their blood tests than had had blood tests. It was therefore unclear how clinical audit was being used to drive improvements in patient outcomes.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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 and/or using spirometry equipment.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Clinical staff demonstrated 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. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, information governance and (with the exception of a locum GP) annual basic life support training. 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.
- 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. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff had received recent training and 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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 screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were above the local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds and two to five year olds ranged from 54% to 96% for both age ranges. Local CCG averages ranged respectively from 43% to 86% and 62% to 92%.

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

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 24 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.

Comment cards highlighted that reception staff responded compassionately when they needed help and provided support when required. For example, when we asked a receptionist how they ensured that patients with a learning disability were treated with dignity and respect, they stressed the importance of recognising each patient's individual needs.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were comparable with national averages. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG and 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 national average of 85%.
- 94% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 75% 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%.
- 87% 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%.

Patient feedback from the comment cards we received highlighted that patients felt involved in decision making about the care and treatment they received; and that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 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.
- Information leaflets were available in easy read format.

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers (just over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with Barnet Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an extended hours clinic on Monday evenings from 6:30pm-7:30pm for working patients and others who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreting services available.
- The building offered step free access and all treatment rooms were located on the ground floor.
- 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-Friday: 8am -6.30pm
- Except Thursday: 8am-1pm

The practice offers extended hours opening at the following times:

- Monday: 6:30pm-7:30pm

Appointments are available at the following times:

- Monday, Tuesday, Wednesday, Friday 8:30am - 12:00pm & 3:00pm - 6:00pm
- Thursday: 8:30am - 12:00pm

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

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were variable compared to national averages.

- 79% of patients were satisfied with the practice's opening hours which equalled the national average of 79%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

On the day of our inspection (Tuesday 8 November 2016) we looked at appointment availability on the practice's clinical system and saw that same day urgent and routine appointments were available. The next available on line appointment was Monday 14 November 2016.

The practice had a system in place 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 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs? (for example, to feedback?)

- 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

The practice had received two complaints since January 2016 which we found had been dealt with in a timely and open manner.

For example, following a patient complaint regarding a referral that had not been actioned by the receiving hospital, we saw that the practice had apologies to the patient and worked to expedite the referral. However, we did not see evidence that the complaint had been discussed amongst practice staff so that lessons could be learnt and used to improve the practice's referral process and minimise the chance of reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide a safe and effective service for all patients and to strive to accommodate patients of all age groups with the best quality service possible: ranging from minor ailments to long term conditions.

When we spoke with staff, they were aware of how their roles and responsibilities contributed towards delivering this vision.

Governance arrangements

We looked at governance arrangements and noted that there were structures and procedures in place which ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

However, a programme of continuous clinical audit was not being used to monitor quality and to make improvements.

Leadership and culture

Staff fed back to us that the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings although these were not routinely minuted.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, a receptionist team spoke positively about their suggestion to improve same day emergency appointments had been taken on board.
- Staff spoke positively about the practice manager and spoke of an inclusive and supportive working culture.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, minutes showed that the PPG was routinely involved in monitoring and making suggestions on how the practice's same day appointments system was delivered.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, they 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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by:</p> <ul style="list-style-type: none">• Failing to ensure that there were appropriate pre-employment checks on file for locum GPs. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 HSCA (RA) Regulations 2014</p> <p>Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Failing to ensure that one of the locum GPs had undertaken basic life support training within the last 12 months.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014