

Vale Drive Medical Practice

Quality Report

Vale Drive,
Barnet EN5 2ED
Tel: 020 8447 3566
Website: www.valedrivemedical.nhs.uk

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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 Vale Drive Medical Practice on 9th June 2016. Overall the practice is rated as requires improvement.

- Our key findings across all the areas we inspected were as follows: The partners had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. However there was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but several needed to be reviewed and updated. For example, the complaints policy, recruitment policy and the health and safety policy.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the system used to record and report safety concerns, incidents and near misses was inconsistent.
- The processes in place for managing risk were not always robust. The calibration of some clinical equipment had taken place but not all the necessary items had been tested or had had a risk assessment carried out.
- The learning needs of staff were not fully understood. The practice provided only limited mandatory training for staff, e-learning was not available. Individual training records we saw were incomplete and did not reflect the information we were told by staff.
- The Patient Group Directives had been signed by the nurse but not signed by the authorised person..
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- The practice was well equipped to treat patients and meet their needs.
- Staff worked with other health care professionals and other local providers to understand and meet the range and complexity of patients' needs.

The areas where the provider must make improvements are:

- Review and update policies and procedures, to include recruitment, complaints, and health and safety.
- Review its incident and significant event policies to ensure that reporting and recording systems are being used to identify risks and continuously improve patient safety.
- Ensure that all appropriate medical equipment is annually calibrated.

- Implement a system for assessing, monitoring and recording the training needs of staff and ensure that all staff have completed professional and mandatory training. Ensure that appropriately signed Patient Group Directives are on file to enable practice nurses to legally administer medicines in line with legislation.

In addition the provider should:

- Provide patient information regarding the services available, for example the interpreting service and local bereavement service. Facilitate regular patient participation group meetings

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 understood their responsibilities to raise concerns, and to report incidents and near misses. However, the system used to record and report safety concerns, incidents and near misses was inconsistent.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, health and safety training had not been completed and some audit results had not been shared with staff.
- The recruitment policy was inadequate and did not contain information on the necessary recruitment checks required.
- The calibration of some basic clinical equipment had taken place but not all the items had been tested or had had a risk assessment carried out.
- The Patient Group Directives had been signed by the nurse but not signed by the authorised person.
- The practice did not have an accident book.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- The practice provided limited mandatory training for staff, e-learning was not available.
- Individual training records we saw were incomplete and did not reflect the information we were told by staff.
- 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 worked with other health care professionals and other local providers to understand and meet the range and complexity of patients' needs.
- There was evidence that audit was being used to improve patient outcomes.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services,

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The restrictions imposed by the premises management company regarding posters and literature in the waiting area meant that there was no readily available information for patients about the services available, health education or feedback regarding the performance of the practice. The practice provided this information to patients when requested.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. The practice was in the process of initiating a drug and alcohol misuse service for patients living in the local area including those registered elsewhere.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had arranged remote online access to patient records to improve the care provided to vulnerable patients in a residential home.
- The designated person responsible for handling complaints had not received appropriate training and the practice did not inform patients of their right to take the complaint to the Parliamentary and Health Service Ombudsman should they be dissatisfied with the practice's final response.

Good



Are services well-led?

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

- The partners had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. We did not see a business plan to support this strategy.

Requires improvement



Summary of findings

- The practice had a number of policies and procedures to govern activity, but several needed to be reviewed and updated. For example the complaints policy and the recruitment policy.
- Staff had a limited understanding regarding the performance of the practice, for example the practice nurse lead for infection control was not aware that one of the partners had carried out an infection control audit.
- Staff told us the practice held practice team meetings every 6 weeks and that there was an open and supportive culture and a happy working environment.
- The practice proactively sought feedback from patients and used this information to improve patient services.

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 safety, effective and well lead. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, telephone appointments and same day urgent appointments for those with enhanced needs.
- The practice provided a service to a local residential home for older people. A lead partner visited a 55 bed home on a weekly basis to carry out a full ward round. The practice had organised off site access to patient records to improve continuity of care for patients with multiple and complex health needs. This was achieved via a secure system allowing the partner to dial in to the practice patient records system.
- The practice worked closely with the palliative care team and followed the Gold Standard framework for end of life care.
- Winter flu jabs for housebound elderly patients were carried out by the partners so that they could visit patients in their home environment and could ensure their care plan was up to date. Care plans were kept in the patient's home so that the information could be accessed by other community healthcare workers, carers and family.
- The local rapid response team carried out joint visits with the GP to promote joint working and continuity of care.
- The practice carried out health checks for patients aged over 75 years.

Requires improvement



People with long term conditions

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

The practice is rated as requires improvement for people with long term conditions

Requires improvement



Summary of findings

- Nursing staff had lead roles in chronic disease management for example COPD, asthma, diabetes and cardiovascular disease. Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition 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.
- Involvement of the multidisciplinary team was encouraged. The practice liaised with a number of community health services such as the district nurses, local COPD team, the local rapid response team, community pharmacists, safeguarding team and social workers.

Families, children and young people

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

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- Eighty percent of women aged 25-64 received cervical screening within the target period which is comparable to the CCG and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with the family planning / sexual health clinic based in the same building. The local Child and Adolescent Mental Health Services and speech and language therapy services were also based in the same building.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Telephone consultations were available to improve access for working age people.
- The practice was proactive in offering online services as well as a range of health promotion services and cervical screening that reflected the needs for this age group.
- Every patient at the practice had a named GP to improve continuity of care.
- Health promotion advice was offered but there was limited accessible health promotion material available in the waiting area.
- SMS text messaging was used to remind patients of their appointment and to promote and encourage the uptake of services such as cervical cytology.
- NHS health checks were offered to patients between 40 and 74 years of age.
- The practice referred patients to the Fit to Work scheme to help support people into employment.

Requires improvement



People whose circumstances may make them vulnerable

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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those requiring palliative care.
- The practice worked closely with the palliative care team and followed the Gold Standard framework for end of life care.
- The practice offered longer appointments for patients with a learning disability.

Requires improvement



Summary of findings

- The practice nurses provided an individual phlebotomy service for frail elderly or vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. They were aware of their responsibilities regarding information sharing.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations for example the citizen's advice bureau and the local food bank.
- The practice carried out an annual health check and used enhanced care plans for patients with a learning disability. The health check template included information such as eating and drinking needs, taking medication and gave the option of additional blood tests. Carers were encouraged to attend the review, the patient and their family or carer held the enhanced care plan so that it was accessible to the wider multidisciplinary team. The practice worked closely with the local learning disabilities nurses.
- 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. One of the partners was the adult safeguarding lead for the CCG and also worked closely with the child protection team.
- There were arrangements to allow people with no fixed address to register at the practice.

People experiencing poor mental health (including people with dementia)

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

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

- 91% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records in the last 12 months, which is comparable to the national average of 88%.

Requires improvement



Summary of findings

- 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 an enhanced annual health check for patients with dementia and those patients with poor mental health. The enhanced health check template included smoking, alcohol, psychological and emotional needs, sleeping patterns, dental needs, additional blood tests and carers input.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice participated in a dementia related book prescription scheme with local library services.
- The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. After each A&E episode a doctor followed up the patient either by phone or face to face consultation

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and ninety five survey forms were distributed and 95 were returned. This represented 2% 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%.
- 89% 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%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 77% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. All of the 32 patient CQC comment cards we received contained a positive and complimentary comment 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 four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Only eight patients had responded to the Family and Friends test, seven of these patients recommended the practice.

Areas for improvement

Action the service **MUST** take to improve

- Review and update policies and procedures, to include recruitment, complaints, and health and safety.
- Review its incident and significant event policies to ensure that reporting and recording systems are being used to identify risks and continuously improve patient safety.
- Ensure that all appropriate medical equipment is annually calibrated.
- Implement a system for assessing, monitoring and recording the training needs of staff and ensure that all

staff have completed professional and mandatory training. Ensure that appropriately signed Patient Group Directives are on file to enable practice nurses to legally administer medicines in line with legislation.

Action the service **SHOULD** take to improve

- Provide patient information regarding the services available, for example the interpreting service and local bereavement service. Facilitate regular patient participation group meetings

Vale Drive Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

Background to Vale Drive Medical Practice

Vale Drive Medical Practice is based in Barnet, North London. It is situated in a purpose built health centre and shares the building with a number of other community NHS services as well as another GP Practice. Disabled facilities include an access ramp, wide doors and corridors, ground floor facilities, disabled toilet and a reception desk which can be easily accessed by wheelchair users. A wheelchair is available for patients to use within the building if needed. The practice has a shared waiting area and uses an electronic display to call patients. The practice is close to High Barnet tube station and is served by a number of local bus routes. There is a disabled parking space.

Vale Drive Medical Practice has two GP partners, one male and one female (providing nine sessions per week) and also employs several long term locum GPs, two male and one female (providing six sessions per week). There are two female practice nurses providing four clinical sessions (0.4 WTE). Vale Drive Medical Practice is a teaching practice and teaches three final year medical students per year. The practice employs an administrator to provide 12 hours of practice management per week.

The practice is open from 8.00am Monday to Friday with afternoon/evening closing times varying through the week. Appointments are from 9.00am to 11.30am every morning

and in the afternoon 5.00pm to 7.00pm Monday and Wednesdays, 5.00pm to 6.30pm on Tuesdays and 4.30pm to 6.00pm on Fridays. The practice is closed to patients from 1.00pm on Thursdays. Extended hours appointments are available on Monday and Wednesday evenings from 6.30pm to 7.00pm. Appointments can be booked up to four weeks in advance with a male or female GP, urgent appointments, telephone appointments and home visits are available. There is good access to appointments with an approximate waiting time of two days for an appointment with the first available doctor or up to a week with a named doctor.

When the practice is closed arrangements are in place for patients to access medical care via a local out of hours provider. The practice also organises patient appointments at the local health service hub where a GP is available from 8am to 8pm on Monday, Friday, Saturday and Sunday.

The practice is registered to provide diagnostic and screening procedures, surgical procedures, treatment of disease, disorder or injury, family planning and maternity and midwifery services.

The practice has a list size of approximately 4200. Its population has a slightly higher than average number of working age patients and children when compared to local CCG averages. The practice cares for 55 older patients at a local residential home. Deprivation scores for the practice population are comparable to the local CCG and national averages

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

Detailed findings

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. Vale Drive Medical Practice was previously inspected by the CQC in September 2013. The inspection showed that the practice did not meet the cleanliness and infection control standard. A subsequent inspection in March 2014 showed that improvements had been made and that this standard had been met.

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 9 June 2016. During our visit we:

- Spoke with a range of staff including the GPs, nurse, practice manager, receptionists and administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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

The system used to record and report safety concerns, incidents and near misses was inconsistent.

- An incident policy was not available at the time of the inspection, staff were aware of the process and told us they would inform the practice manager of any incidents, record the episode on an incident form and that the incident would be discussed at a practice meeting. However, there were some inconsistencies. During the inspection staff told us that they did not always receive feedback after reporting an incident. Incidents which should have been reported through the significant event analysis had not been included. For example, we were told about an incident when the practice had not informed a patient about an abnormal test result for diabetes, however this incident was not included on the significant event analysis.
- Records showed that eight significant events had been recorded in the last 12 months however three of these appeared to constitute complaints. The significant events had been reviewed and we saw evidence in practice meeting minutes that learning had been shared to improve patient safety. For example, a patient had required the use of a nebulizer but masks were not available. The significant event was discussed at a practice meeting and a system put in place so that the supply of nebulizer masks was regularly checked by the practice nurse.

Overview of safety systems and processes

The practice had 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 policies reflected relevant legislation and local requirements and 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received

training on safeguarding children and vulnerable adults relevant to their role. The administrative staff were trained to level 1 in child protection or child safeguarding and the partners and one practice nurse were trained to child protection or child safeguarding level 3. We did not see evidence of safeguarding training for adults or children for one practice nurse.

- A notice placed on the outside of each consulting room door advised patients that chaperones were available if required. Staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check (DBS). However non-clinical staff had not received training for this role but were familiar with the protocol.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses were the infection control clinical leads. There was an infection control protocol in place and the practice stated that all staff had received up to date training. An annual infection control audit had been undertaken by one of the partners in March 2016.
- There were arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 were systems in place to monitor their use.
- Patient Group Directions were available which in principle allowed the nurses to administer medicines in line with legislation. However, although the nurses had signed them at the time of the inspection they had not been signed by an authorised person from the practice.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed five personnel files and found that recruitment checks had been undertaken prior to employment. The recruitment policy contained minimal information, for example it did not contain any information on the employment checks required or the induction process for clinical or non-clinical staff.

Are services safe?

Monitoring risks to patients

We looked at systems in place for assessing and managing risks to patients.

- There were some 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. A recent health and safety risk assessment had been completed by an external company which highlighted the need for health and safety training for staff, this had not been actioned. The practice had an up to date fire risk assessment however fire drills were not regularly conducted, the last one was two years ago. Staff had not received fire safety training. All fire safety and electrical equipment was checked to ensure the equipment was safe to use. Calibration had been carried out on blood pressure monitors and a spirometer in November 2015 to ensure they were working properly. Other items such as thermometers, nebulizer, adult and child weighing scales, blood glucose monitors and the vaccine fridge thermometers had not been tested and a risk assessment had not been completed for these items. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control. We were told that a control of substances hazardous to health (COSHH) assessment was held by the premises management company but it was unavailable for inspection, COSHH training records for cleaning staff were observed. A legionella assessment had been completed in April 2016. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The assessment highlighted the need for training of staff, this had not been actioned at the time of the inspection. A system to ensure the ongoing monitoring of water supplies was in the process of being implemented.

- There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The reception/administration team provided absence cover for each other as did the two practice nurses. If a nurse was away the GPs would also carry out some nursing tasks such as injections.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff 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. Oxygen, with adult and children's masks, was available in several locations within the practice premises. The oxygen cylinders were full and in date but wA first aid kit was available but there was not a current accident book in use.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines were checked weekly and were in date and stored securely. Use of the resuscitation pack was checked daily and had a sealed opening devise.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice informed us that arrangements were in place for access to their clinical system from their buddy practice should they need to move premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patient needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice recently discussed and implemented increased use of new medication for diabetes as a result of NICE guidelines.

- The practice had systems in place to keep clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw evidence to show that the practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The GPs also attended six weekly learning meetings with the Community Educational Provider Network, a group of health professionals including GPs, pharmacists, secondary care consultants and social workers who meet to share case studies and learning opportunities.

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 96% of the total number of points available.

Overall exception reporting was much lower than CCG and national figures with the exception of heart failure. The practice reported that it had a relatively small number of patients in this group and the exception of a few people resulted in a misleading figure. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the national average. Ninety five percent of patients on the diabetes register had received a flu jab in the preceding year compared to the CCG average of 92% and the national average of 94%. Ninety two percent of patients on the diabetes register had received a foot examination and risk classification in the preceding 12 months compared to the CCG average of 87% and the national average of 88%.
- Performance for mental health related indicators was comparable to the national average. Ninety seven percent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records compared to the CCG average of 91% and the national average of 88%. Ninety one percent of patients diagnosed with dementia had their care reviewed in a face to face review in the preceding 12 months compared to the CCG average of 85% and the national average of 84%.

QOF data was comparable to CCG or national averages throughout the patient indicators. The practice reported that as a small practice they knew their patients well, were able to provide continuity of care and were responsive to individual patient needs.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years. One of these was a completed two cycle audit of referral criteria for patients with lung disease. Patients on the Chronic Obstructive Pulmonary Disease (COPD) register who satisfied certain referral criteria could access a pulmonary rehabilitation programme. The audit showed that not all patients were being assessed and put forward for referral. Following increased input from the clinical team a second cycle audit was completed 12 months later and showed that 5 additional patients had been assessed for referral.
- The practice participated in local audits, accreditation, and peer review.

Information about patient outcomes was used to make improvements. The practice used CCG data to identify that they had relatively few patients diagnosed with dementia when compared to other local practices. In response, the practice had a drive to improve dementia screening and diagnosis. It also initiated a book referral scheme for those

Are services effective?

(for example, treatment is effective)

patients and carers affected by dementia. The practice stated that it monitored emergency admissions data as well as the ongoing review of progress towards QOF targets. The practice worked in liaison with the CCG prescribing advisor to address local priorities and practice specific goals. The partners attended regular CCG and prescribing meetings to discuss and compare their data with other practices.

Effective staffing

We looked at the skills, knowledge and experience of staff to deliver effective care and treatment.

- Staff told us they did not receive training. We saw staff had limited access to appropriate training and support for professional training was given at the partners' discretion. Staff had received minimal training that comprised of safeguarding for children and adults, and basic life support. They did not have access to an e-learning training programme. Training had not been provided on fire safety, health and safety, the mental capacity act, chaperoning, or information governance. Individual training records we saw were incomplete and did not reflect the information we were told by staff for example, immunisation and cervical cytology updates were not recorded on the training record and we did not see certificates in individual staff folders.
- All staff had received an appraisal within the last 12 months but we did not see evidence that the completion of mandatory training had been prioritised.
- The practice had produced a basic induction list for newly appointed staff but we did not see evidence of use as the practice had not recently recruited any new employees. A locum pack was available and the practice manager was able to describe the support new locums received from the team.
- Staff administering vaccines and taking samples for the cervical screening programme had completed 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.

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 the out of hours service and local 8am to 8pm service had on line access to patient records.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patient consent to care and treatment and recorded this via a template in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. The practice had not provided staff with training on 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.
- The process for seeking consent was monitored through patient records audits, for example there was an annual audit of consent for patients requiring joint injections.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and drug misuse.
- Patients with COPD were referred to the community respiratory nurse and the pulmonary rehabilitation programme.
- The practice actively referred patients to the “Fit for Work Scheme”. This is a government funded initiative to encourage people to return to work after a period of health related unemployment.
- The practice signposted patients to relevant services such as the Barnet Carers’ Service and in liaison with local library services a book prescription service for patients and their families who are affected by dementia.
- Smoking cessation advice was available from the practice nurse.

The practice’s uptake for the cervical screening programme was 80%, 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. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 80% and five year olds from 98% to 67%.

Patients had access to appropriate health assessments and checks. These included health checks for all 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.
- When patients wanted to discuss sensitive issues or appeared distressed the reception staff were able to offer a private room to discuss their needs.
Receptionists at the front desk were aware of the issues of confidentiality when talking to patients. Staff made confidential phone calls away from the main reception area.
- Reception staff treated patients in a dignified and compassionate way. For example, we observed the receptionist apologising to a patient for a delay and being supportive during a phone call from an anxious patient.
- To improve privacy at an open plan reception desk the practice had initiated a boundary mark on the floor to encourage only one patient to approach the reception desk at any given time.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that the majority of respondents felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 80% 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%.

- 79% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 76% 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%.
- 90% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice stated that it was aware of the national GP patient survey results and that these and other survey results were incorporated into plans to improve the services, for example telephone appointments had been implemented to improve patient access.

Care planning and involvement in decisions about care and treatment

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

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

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 74% 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%.

Are services caring?

- 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%.

The property company who managed the premises did not allow posters to be displayed on the walls or leaflets stands to be placed in the practice waiting area. The practice was in the process of negotiating to have a large notice board put up next to their reception desk.

- Staff told us that interpreting services were available for patients who did not have English as a first language. However, this was not currently advertised.
- Information leaflets were not available in the waiting area. Patients told us that the doctors provided information as requested and were able to give examples of when this had happened.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were not available in the patient waiting area but staff were willing to obtain information for patients on request. The practice website contained information about the practice but did not offer information about other services patients could access.

The practice participated in a book referral system with the local library for patients with dementia and their family members. The books available provided information on dementia and were acknowledged as a good resource for those newly diagnosed or requiring more information on the subject.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients as carers (2% of the practice list). All carers were offered a referral to the Barnet Carers Service, and offered an annual health check and flu jab.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. This information was supported by two patients who had recently suffered a bereavement and had described the support they had received from the practice team.

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 a 'Commuter's Clinic' on a Monday and Wednesday evening until 7.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and mental health issues.
- 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 require same day consultation.
- Following an in-house patient survey the appointment system was reviewed to incorporate an increased number of same day urgent appointments as well as the introduction of telephone appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as some that are only available privately. Patients were also referred to other clinics for vaccines that the practice did not provide privately, such as yellow fever.
- The purpose built health centre had disabled facilities including an access ramp, wide automatic doors and an accessible toilet.
- The practice had recently submitted a funding application for a hearing loop but it was not available at the time of the inspection.
- The shared waiting area was well sign posted, bright and light with plenty of space. It was well furnished and in good decorative order.
- The practice had a website containing basic information such as opening hours, the names of clinical staff, services available at the practice, and who to contact if the practice was closed. There was a facility for booking online appointments and for leaving online comments for the practice.
- The practice nurses provided an individual phlebotomy service at the practice for frail elderly or vulnerable patients.

- Patients' computer records could be accessed at a local residential home via a secure online system allowing remote access to current patient records. The practice was in the process implementing this system for vulnerable home visit patients who had WiFi access.

Access to the service

The practice was open from 8.00am Monday to Friday with afternoon/evening closing times varying through the week. Appointments were from 9.00am to 11.30am every morning and in the afternoon from 5.00pm to 7.00pm Monday and Wednesdays, 5.00pm to 6.30pm on Tuesdays and 4.30pm to 6.00pm on Fridays. The practice was closed to patients from 1.00pm on Thursdays and had arrangements in place for patients to access an out of hours service. Extended hours appointments were offered on Monday and Wednesday evenings from 6.30pm to 7.00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments, telephone appointments and home visits were available for people who needed them. When the practice was closed arrangements were in place for patients to access medical care via a local out of hours provider. The practice also organised patient appointments at the local health service hub between 8am to 8pm on Monday, Friday, Saturday and Sunday.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Requests for home visits were put onto the appointment system to alert the doctor who rang the patient directly to

Are services responsive to people's needs?

(for example, to feedback?)

make a clinical decision as to whether a home visit was required. 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. Reception staff did not triage patient needs, if they had any concerns regarding the urgency with which a patient was seen they would refer directly to the doctor on call. A recent example of this was when a patient walked into the surgery to collect a prescription. The receptionist noticed that they looked very unwell and asked them to take a seat. The doctor was immediately called and after examination urgently called for an ambulance to take them to the local A&E department.

Listening and learning from concerns and complaints

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

- It had a complaints policy and complaints form however information was inconsistent and out of date. Procedures were not being fully implemented as patients were not informed of their right to take the complaint further should they be dissatisfied with the outcome.
- There was a designated responsible person who handled all complaints in the practice, however they had not received any training in this area.

- We saw that a poster was displayed to help patients understand the complaints system, the patients we spoke to stated that they had not needed to complain but would talk to the receptionist if they need information on how to do this.
- Although several comments had been left by patients on the NHS Choices website the practice had not taken the opportunity to respond.

We looked at six complaints received in the last 12 months. The complaints were dealt with in a timely way and the practice was open and transparent when dealing with the issue of the complaint. However the practice did not inform the patient of their right to contact the Parliamentary and Health Service Ombudsman should they be dissatisfied with the outcome of their complaint.

Lessons were learnt from individual concerns and complaints to improve the quality of care. For example, a parent complained that they had waited 50 minutes with their unwell baby to be seen at a pre-booked appointment with a locum. As a result of the complaint the practice investigated and decided to incorporate several unbooked catch-up slots into the appointment plan to help ensure that surgeries ran to time.

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 partners had a vision to deliver high quality care whilst retaining a small family practice ethos. However:

- Staff were not aware of the practice mission statement and we did not see a copy displayed in the waiting areas.
- The practice was unable to show us a business plans which reflected the vision and values.

Governance arrangements

The practice was in the process of change. A new partner had replaced a retiring partner within the last year and the remaining senior partner was planning to retire once a salaried GP had been appointed. Following this, the practice hoped to merge with a similar sized practice in Barnet.

- There was a staffing structure but not all staff were fully aware of their roles and responsibilities, however they told us they knew who to go to in the practice with any concerns.
- Some policies and evidence we looked at were contradictory, we did not see evidence to show that there were sufficient governance arrangements in place when things went wrong.
- Practice specific policies were available to staff via the shared drive on the computer system but some needed to be reviewed and updated, for example the practice complaints policy, recruitment policy, incident policy and patient group directives.
- Staff had a limited understanding regarding the performance of the practice, for example the practice nurse lead for infection control was not aware that that one of the partners had completed the annual infection control audit.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. They told us they encouraged a culture of openness and honesty within the team and staff told us the partners were approachable and always took the time to listen to them.

The provider was aware of the need to comply 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).

There was a clear leadership structure in place with both partners providing shared responsibility for the practice but leading in separate clinical areas.

- Staff told us the practice held six weekly practice team meetings, that there was an open and supportive culture and a happy environment.
- Staff told us 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 by the partners in the practice.

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 twice a year, and submitted proposals for improvements to the practice management team. For example, following discussion with the PPG the practice installed an automated check in system with hand sanitizer positioned next to it. The practice also agreed to review its appointment system to incorporate telephone consultations appointments each day.
- An annual patient survey was carried out looking at areas of patient satisfaction and an action plan had been drawn up with input from the PPG.
- There was no information available for patients regarding the performance of the practice.
- The practice had gathered feedback from staff 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

Are services well-led?

Requires improvement



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

management, staff told us they felt involved and engaged to improve how the practice was run. The staff we spoke to were aware that there was a whistleblowing policy in place should they have cause to use it.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person 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 review its incident and significant events reporting and recording systems to ensure that risks were identified, recorded and used to continuously improve patient safety.• Failing to ensure that appropriately signed Patient Group Directives were on file to enable practice nurses to legally administer medicines in line with legislation.• Failing to ensure that all appropriate medical equipment was calibrated annually. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure that staff received appropriate training to enable them carry out their duties by</p>

This section is primarily information for the provider

Requirement notices

- Failing to ensure that there were effective systems, policies and procedures in place to assess, monitor and improve the quality of the services provided

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not do all that was reasonably practicable to ensure that staff received appropriate training to enable them carry out their duties by

- Failing to ensure that there was a comprehensive system for assessing, monitoring and recording the training needs of staff and ensuring that all staff have completed mandatory training.

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.