

The Phoenix Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Phoenix Practice on 29 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to medication checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received some training appropriate to their roles and any further training needs had been identified and planned with the exception of infection control.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must;

Summary of findings

- Ensure the infection control leads receive training in infection control and prevention and annual infection control audits are undertaken so as to identify and act on infection control risks.
- Ensure that a Legionella risk assessment is undertaken.

Importantly the provider should;

- Ensure safe systems for the management and auditing of emergency medications and equipment.
- Ensure that prescription serial numbers are logged to monitor their use.

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 as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.

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, areas of concern found were in relation to infection control and medicines management.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patient outcomes were improving due to increased capacity within the staff team. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams frequently.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice well 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. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that 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

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that 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. It had a purpose, aims and objectives. Staff were clear about the vision and their responsibilities in relation to this. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and there was an active patient participation group (PPG) in place. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Practice level data showed that outcomes were in line with national averages for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. Comprehensive multi-agency care plans were in place to support the most at risk older people. It was responsive to the needs of older people, and had a specialist clinic available weekly to improve access to a GP. Health checks for older people were conducted at home where there was a need. Home visits and rapid access appointments were available for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

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 offered a 'Commuter's Clinic' on a Tuesday evening until 8.15pm for working patients who could not attend during normal opening hours. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability 88% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Eighty eight per cent of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. For example, the practice was a member of the South Barnet Practices Network formed of 15 practices delivering primary care mental health services in the locality. The practice was also part of the CCG's pilot for the early detection and management of dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It 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. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 for the most recent data showed the practice was performing above local and national averages. There were 102 responses and a response rate of 1.5%. For example:

- 79% find it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.
- 88% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 61% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 56% and a national average of 60%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.

- 76% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 54% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.

As part of our inspection process, we 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 and four cards mentioned difficulty in getting an appointment. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required extra support. We also spoke with four members of the PPG who told us they could not fault the care they had received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the infection control leads receive training in infection control and prevention and annual infection control audits are undertaken so as to identify and act on infection control risks.
- Ensure that a Legionella risk assessment is undertaken.

Action the service **SHOULD** take to improve

- Ensure safe systems for the management and auditing of emergency medications and equipment.
- Ensure that prescription serial numbers are logged to monitor their use.

The Phoenix Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The other members of the team were a GP specialist advisor, a practice manager specialist advisor and an expert by experience.

Background to The Phoenix Practice

The Phoenix practice situated in North London is within the NHS Barnet Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services). The practice provides a full range of enhanced services including adult and child immunisations, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, minor surgery, learning disabilities, Rotavirus and

shingles immunisations, patient participation and remote care monitoring.

The practice is registered with the Care Quality Commission to carry on the regulated activities of

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

The practice had a patient list of just under 7000 at the time of our inspection.

The staff team at the Phoenix Practice included three full time GP partners, consisting of one male and two female

GPs, one part time salaried GP who worked two sessions a week, three full time practice nurses, a practice manager and a team of administrative staff. The Phoenix practice was an approved training practice for GP Registrars.

The practice was open between 08.30am and 18.00pm Monday, Tuesday, Thursday and Friday. Appointments were from 08:30 to 12:30 every morning and 14:30 to 18:00 daily, except Wednesdays when the surgery closed at 12.30pm. Extended hours surgeries were offered on Tuesday evenings from 18.00pm to 20.15pm. 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. To assist patients in accessing the service there was an online booking system, and a text message reminder service for appointments and test results. GPs also completed telephone consultations for patients. An out of hour's service provided care to patients when it was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on their circumstances. Information on the out-of-hours service was provided to patients on the practice website as well as through posters and leaflets available at the practice.

The practice had a higher percentage than the national average of people with health-related problems in daily life (58.3% compared to 48.8%); and a lower percentage than the national average of people with a long-standing health condition (44.9% compared to 54.0%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and females.

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.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 September 2015. During our visit we spoke with a range of staff including GPs, the practice nurses, and administrative staff. We spoke with patients who used the service including representatives of the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 24 comment cards where patients and members of the public shared their views and experiences of the service. We also reviewed the practice's patient satisfaction survey results from 2014/15 provided prior to our visit.

Are services safe?

Our findings

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records from October 2014 to September 2015 and incident reports and minutes of meetings where these were discussed. The practice had recorded seven significant events between this time frame. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we reviewed records of an event where a patient required emergency lifesaving treatment at the practice. The practice emergency incident procedure was activated and we saw from written records that emergency procedures were correctly followed. However, it was also identified from the significant event review that some members of the non clinical team required further training and development. As a result, all identified team members received an update on basic life support. We saw records to confirm this had taken place.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Staff were able to share a recent example from NICE in regard to patient safety advice following concerning the inhibitors (which are a new group of oral medications used for treating type 2 diabetes) and the rise of diabetic ketoacidosis

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 relevant to their role.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All members of the reception team who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). (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).
- 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. The practice had up to date fire risk assessments and fire drills were carried out twice a year with patients and staff. Two members of the non clinical team were appointed as fire wardens for the practice. All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. However, the last legionella risk assessment had been completed in December 2013 and the practice at the time were deemed as low risk. No other further risk assessments had taken place.
- Appropriate standards of cleanliness and hygiene were followed. Although, we observed the premises to be clean and tidy, an audit trail was not maintained to evidence the daily cleaning of the practice. 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 but had not received up to date infection control training and the remaining staff team had not received annual up dates. The last training received by the infection control lead was in October 2013 which was out of date. Annual infection control audits were not undertaken and therefore action to address any improvements could not be identified.

Are services safe?

- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The arrangements for managing medicines and vaccinations, in the practice kept patients safe (including obtaining, recording, handling, storing and security). However, prescription serial numbers were not logged to monitor their use. Prescription pads were securely stored. The practice had Patient Group Directions (PGDs) in place for the practice nurses. These were written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We found that nurses had signed these documents and had been authorised by the GP's to carry out their responsibilities.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 that enough staff were on duty. We saw a copy of the weekly rota and we were informed about the policy for managing staff absences.

Arrangements to deal with 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. Emergency medicines were stored in a locked cupboard in each of the treatment rooms. Although, the practice nurses informed us they were responsible for the auditing of emergency medication on a monthly basis there were no formal communication systems to ensure that if medication was close to expiring and had not been ordered, other clinical staff would be made aware in their absence. Auditing records did not name the medication or record when it was going to expire, which did not ensure an effective audit trail to evidence that emergency medications were safe to 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 we checked were in date and fit for use.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Both pieces of emergency equipment had been checked and tested to ensure it was safe to use. However, the checks were not recorded and an audit trail was not maintained. There was also a first aid kit and accident book available.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and guidance from local commissioners. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and these were disseminated by the practice manager. Staff used this information to develop how care and treatment was delivered to meet patient needs. For example, NICE guidance for treatment of patients with cardiovascular disease.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current practice results were 95.7% of the total number of points available, with 3.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 88.1%, which was 2% lower than the CCG average.
- The percentage of patients with hypertension having regular blood pressure tests was 87.2% which was 5.3% above the CCG average.
- The dementia diagnosis rate was 84.6% which was 2.5% below the CCG average.

In response to those areas where performance was below average, the practice had begun to establish clinical leads to oversee regular health checks. The leadership team told us they had increased nursing capacity through the recent appointment of an additional practice nurse.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been four clinical audits in the last two years covering

the prescribing of methotrexate, the practice triage system, minor surgery and management of heart failure. Two of the audits (heart failure and minor surgery) were completed. Findings were used by the practice to improve services.

For example, the audit cycle which began in November 2014 showed the practice had an excellent record of patients diagnosed with heart failure since 2006. In terms of medication, 87% of all heart failure patients were taking an ACE inhibitor or angiotensin II receptor blocker, and 74% a beta blocker. The practice identified they needed to review patients with heart failure, particularly those who had been advised in the past not to take this medication, so that that practice optimised their management. During the second cycle in September 2015, results showed the practice continued to diagnose 100% of their patients with heart failure . and had reviewed patients identified from the first cycle.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Although these systems were in place, staff training needs in relation to infection control had been missed. There was on-going support for staff during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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 test results.

Are services effective?

(for example, treatment is effective)

Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice nurses underwent training on diabetes injectables and had received immunisation and yellow fever updates and gave one to one support on stopping smoking.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 73.38% which was lower than the national average of 81.88%. There was a policy to offer both written and telephone reminders to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer particularly where risks were identified.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 83.9% to 80.8% and five year olds from 80.8 to 70.2%. Flu vaccination rates for the over 65s were 70.52% and at risk groups 45.9%. These were also comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with four members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was 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 patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice scored mostly above average for its satisfaction scores in the levels of confidence and trust patients had in their doctors and nurses at the practice. For example:

- 94.5% said the GP was good at listening to them compared to the CCG average of 87.3% and national average of 88.6%.
- 91.8% said the GP gave them enough time compared to the CCG average of 83.7% and national average of 86.6%.
- 96.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.2% and national average of 95.2%
- 84.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82.8% and national average of 85.1%.

- 90.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85.9% and national average of 90.4%.
- 87.7% patients said they found the receptionists at the practice helpful compared to the CCG average of 82.6% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 92.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 85.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.3% and national average of 81.4%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were identified as carers. The practice supported them by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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 or by

Are services caring?

giving them advice on how to find a support service. We saw that information on bereavement services was available also in the patient waiting area and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was a member of the South Barnet Practices Network formed of 15 practices delivering primary care mental health services in the locality. The practice was also part of the CCG's pilot for the early detection and management of dementia.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8.15pm for working patients who could not attend during normal opening hours.
- The flu clinic was run on a Sunday to meet the needs of the local Jewish Community.
- Early appointments were offered to Jewish patients who observed the Sabbath on Fridays.
- Telephone consultations were offered to adult patients five days a week and patients were triaged by clinical staff.
- There was a specific clinic available weekly for women and children.
- There was a specific clinic available weekly for older people.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. Staff at the practice spoke a number of community languages.
- Those patients living with dementia received home visits from the practice nurses for their regular checks.
- The practice had an equal opportunities and anti-discrimination policy which was available to all staff. Staff had received training on equality and diversity.

Access to the service

The practice was open between 08.30am and 18.00pm Monday, Tuesday, Thursday and Friday. Appointments

were from 08:30 to 12:30 every morning and 14:30 to 18:00 daily, except Wednesdays when the surgery closed at 12.30pm. Extended hours surgeries were offered on Tuesday evenings from 18.00pm to 20.15pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Patients we spoke with on the day were able to get appointments when they needed them. Results from the National GP patient survey 2015 showed patient satisfaction with how they could access care and treatment was comparable to local and national averages; and For example:

- 68.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 68.7% and national average of 74.9%.
- 78.6% patients said they could get through easily to the surgery by phone compared to the CCG average of 63.4% and national average of 73.3%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 67.7% and national average of 73.3%.
- 54% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57.4% and national average of 64.8%.

Listening and learning from concerns and complaints

The practice had a 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. There was a designated responsible person who handled all complaints in the practice and who led on all aspects of patient liaison including supporting the Patient Participation Group (PPG).

We saw that information was available to help patients understand the complaints system. There was a copy of the complaints procedure on display in the waiting area, including information on the Patient Advice and Liaison service (PALS). We also saw information on how to complain in the practice leaflet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at five complaints received in the last 12 months and found that all had been dealt with in a timely way and

Are services responsive to people's needs?

(for example, to feedback?)

handled sensitively and compassionately. We noted that complaints had been handled with openness and transparency and were regarded as a significant event for discussion.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Complaints were well documented to include, date received, date acknowledged, the nature of the complaint, who led the response and investigation and what action had been taken as a result.

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 deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed on the practice website and staff knew and understood the values. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had begun to develop an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and 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.
- An understanding of the performance of the practice.
- A programme of continuous clinical and internal audit had commenced which was used to monitor quality and to make improvements.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

However, in regard to risk management although risks had been identified, recorded, and managed there were not yet robust arrangements for reviewing continuously and implementing mitigating actions. For example, systems had not been embedded for staff training in infection control and maintaining audit trails of monthly checks of emergency medication.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. There was a strong focus on education for both clinicians and non clinical staff. The partners were visible in

the practice and staff told us they were always approachable and took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. We observed this on the day of our visit.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. 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.

The leadership of the practice had supported the improvement of outcomes, by identifying clinical leads for long term conditions and QOF areas to drive forward process and multidisciplinary working.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, opening hours were extended. A comprehensive training programme was being developed for all reception staff with a focus on customer service and online appointment booking was made available.

The practice had also gathered feedback from staff 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, staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous improvement at all levels within the practice. The practice team was a part of a local pilot scheme to improve outcomes for patients with poor mental health in the area. For example, the practice

Are services well-led?

Good 

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

was a member of the South Barnet Practices Network working with 15 other practices within the network delivering primary care mental health services for the network. The practice was also part of the CCG's pilot for the early detection and management of dementia.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The infection control leads receive training in infection control, annual infection control audits are undertaken and a legionella risk assessment is completed. 12, (a), (c), (h).
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	