

Squires Lane Medical Practice

Quality Report

2 Squires Lane,
Finchley,
London,
N3 2AU

Tel: (020) 8346 3388

Website: www.squireslanemedicalpractice.co.uk

Date of inspection visit: 19 April 2016

Date of publication: 07/10/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Squires Lane Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Squires Lane Medical Practice on 19 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- To ensure that blank prescription forms and pads are securely stored and to develop a system to monitor their use
- To ensure the the policy for staff recruitment is followed including a signed contract, and

Summary of findings

undertaking all relevant pre-employment checks to verify that staff are of good character and have the qualifications, competence, skills and experience which are necessary for them to discharge their role.

The areas where the provider should make improvement are:

- To consider creating a business plan to show the goals for the development of the practice.

- To consider how to make provision for patients who express a wish to see a male GP.
- To consider ways the practice can influence improved MDT work to improve care of patients in those circumstances.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Blank prescription forms and pads were not securely stored and nor was there a system in place to monitor their use.
- Personnel files showed that not all appropriate recruitment checks had been undertaken prior to employment. For example, files lacked: evidence evidence of proof of identity; and for two members of clinical staff there was no current record of registration with the appropriate professional body. Nor was there proof of medical indemnity cover for one GP.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, multi-disciplinary team meetings were not regularly taking place.
- Clinical audits, and other quality improvement activities, demonstrated quality improvement.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

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

Good



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 actively worked with patients to improve care. For example, the practice used text messaging and prescription reminders as recall tools, and also encouraged patients with long term conditions to come for a review on the month of their birthday and 6 months later. The practice had found from experience that patients were more likely to remember review appointments if linked to their birth month.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Due to renovation works, the practice had built an access ramp to enable disabled patients to access the building. However the entry door was not accessible by unaccompanied wheelchair users, nor was there a means of summoning assistance, such as a door bell. There were no there baby changing facilities.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. However the practice did not have a business plan.

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients who had been identified as needing more frequent review were entered onto the practices' avoiding unplanned admissions register and had been given detailed advice about what to do if their health deteriorated.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 98% of patients with diabetes, on the register, had had an influenza immunisation in the preceding 1 August to 31 March, compared to a national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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.

Summary of findings

- 80% of women aged 25-64 had had a cervical screening test in the preceding 5 years, compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended hours clinics until 7.00pm four days a week to enable working patients to attend outside of working hours.

Good



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.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



Summary of findings

- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to a national average of 88%.
- The practice carried out care planning for patients with dementia.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and ninety four survey forms were distributed and 103 were returned. This represented 1.8% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 62% 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%.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were positive about the standard of care received. Patients said the doctors and staff were very caring and friendly, and that they felt listened to and treated with dignity and respect. Some patients commented on the difficulty in getting appointments, particularly if they were unable to phone at 8.00am.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Sixty-three percent of patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- To ensure that blank prescription forms and pads are securely stored and to develop a system to monitor their use
- To ensure that the policy for staff recruitment is followed including a signed contract, and undertaking all relevant pre-employment checks to verify that staff are of good character and have the qualifications, competence, skills and experience which are necessary for them to discharge their role.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- To consider creating a business plan to show the goals for the development of the practice.
- To consider how to make provision for patients who express a wish to see a male GP.
- To consider ways the practice can influence improved multi-disciplinary team work to improve care of patients.

Squires Lane Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Squires Lane Medical Practice

Squires Lane Medical Practice provides primary medical services in the London Borough of Barnet to approximately 5800 patients and is one of sixty-two member practices in the NHS Barnet Clinical Commissioning Group (CCG).

The practice population is in the fifth least deprived decile in England. The practice population has a greater than average percentage of working age people between the ages of 25-39, with a lower than average population of people aged 55 or older. The practice had surveyed the ethnicity of the practice population and had determined that 21% of patients identified as having white ethnicity, 21% Asian, 9% black and 49% as having mixed or other ethnicity.

The practice operates from a converted residential property which is arranged over three floors, with patient facilities on the ground and first floors. The ground floor is accessible for wheelchair users. There are offices for administrative and management staff on the ground first and second floors. All three floors are accessed via stairs.

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: alcohol; childhood vaccination and immunisation scheme; extended hours access; influenza and pneumococcal immunisations; learning disabilities; minor surgery; patient participation; risk profiling and case management; rotavirus and shingles immunisation; unplanned admissions.

The clinical team at the surgery is made up of two female partners: one working full-time and the working part-time. The part-time partner is currently on maternity leave and has a part-time locum GP covering her work. There are also two part-time female salaried GPs. The doctors provide 24 clinical sessions per week (the whole time equivalent of three GPs). There is one part-time female practice nurse.

There are ten administrative, clerical and reception staff, and one full-time practice manager.

The practice is open between 8.00am and 6.30pm Monday, Tuesday, Thursday and Friday, and from 8.00am to 1.00pm on Wednesdays. Appointments are available on:

Monday and Tuesday 9.00am to 11.30am, each doctor then has 30 minutes for telephone appointments, and from 4.00pm to 6.00pm.

Wednesday between 9.00am to 11.50am, each doctor then has 30 minutes for telephone appointments.

Thursday between 9.00am to 12.00pm, each doctor then has 30 minutes for telephone appointments, and from 4.00pm to 6.00pm.

Detailed findings

Friday between 9.00am to 11.20am, each doctor then has 30 minutes for telephone appointments, and from 3.00pm to 5.00pm.

The practice is open for extended hours between 6.30pm to 7.00pm on Monday, Tuesday, Thursday and Friday.

The practice does not open on a weekend. The practice has opted out of providing out of hours (OOH) services to their own patients between 6.30pm and 8.00am and directs patients to the OOH provider for NHS Barnet CCG.

Squires Lane Medical Practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of: maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and diagnostic and screening procedures.

Why we carried out this inspection

The practice was previously inspected by CQC on 17 September 2013 under our previous inspection methodology; at that time it was found to be compliant.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The practice was previously inspected by CQC on 17 September 2013.

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 19 April 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an entry regarding test results was put onto the wrong patients' record. The practice completed a significant event form and reviewed this at a clinical meeting. It was agreed that this was a serious mistake and that it was important that all staff ensure information put onto patient's records is accurate.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (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. Patient Group Directions (PGDs) (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- However, blank prescription forms and pads were not securely stored and nor was there a system in place to monitor their use.
- We reviewed four personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For clinical staff there was no record of registration with the appropriate professional

Are services safe?

body or proof of medical indemnity cover; no evidence of proof of identity; and on some files there was no signed confidentiality policy. Files did, though, contain: qualifications and the appropriate checks through the Disclosure and Barring Service/Criminal Records Bureau.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had an up to date fire risk assessment and carried out regular fire drills.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 basic life support training, with clinical staff being trained annually, and non-clinical staff receiving training every three years. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 stored securely.

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

- The practice had systems in place to keep all 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 100% of the total number of points available. The practice' overall QOF exception rate was under 10%. Within the following clinical domains, however, the percentage of exceptions was significantly higher than the CCG and national averages:

- 42% of patients with depression were excepted compared to the CCG average of 22% and the national average of 25%.
- 25% of patients with osteoporosis were excepted (CCG 13%, National 13%).
- 50% of patients with cardiovascular disease were excepted (CCG 24%, National 30%).

The practice did not accept that the QOF exception figures were as high as those noted above. They carried out a full review of their QOF exceptions and the results showed that their exception rates were far lower. For example, in 2014-15, according to the Health and Social Care Information Centre (HSCIC) (HSCIC collects and provides information to health and social care staff) the practice had

four patients with cardio vascular disease and excepted two. The practice records showed that they had 84 such patients and had excepted two, giving an exception rate of 2%.

Data from 2014-15 showed:

- Performance for diabetes related indicators was better than the national average. For example, 98% of patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 August to 31 March compared to the national average of 94%.
- Performance for mental health related indicators was better than the national average. For example, 93% of patients diagnosed with dementia had had a face-to-face care review in the preceding 12 months (national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been one completed two cycle clinical audit completed in the last two years, where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. The practice had conducted a two cycle audit of its prescribing of a medicine commonly prescribed to patients with high levels of triglycerides (triglycerides are a form of dietary fat found in meats, dairy produce and cooking oils. The liver also makes triglycerides). During the first cycle of the audit the practice identified a total of 56 patients being prescribed the medicine. They identified 45 patients who did not need to continue taking the medicine, and set the goal of reviewing these patients in order to stop prescribing of the medicine. Following the second cycle of the audit, the practice found that of 29 patients still being prescribed the medicine, 18 could be taken off the medicine. The practice reviewed why it had not been able to stop prescribing to a greater number of patients. It found that some of the GPs had not proactively reviewed the need for the medicine with their patients. The practice intended to re-run the audit to maintain control of the level of prescribing.
- The practice had also undertaken other quality improvement activities. For example the practice annually reviewed, and reflected on, all patient deaths

Are services effective?

(for example, treatment is effective)

and cancer diagnoses. Where necessary it implemented changes in practice. For example, a patient suffering from post-natal depression committed suicide. Following reflection, the practice introduced a depression assessment to the six-week post-natal patient assessment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The GPs had attended a diabetes update led by a consultant from the Royal Free Hospital within the last four weeks.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. However, the practice was not always able to arrange regular multi-disciplinary meetings due to: lack of available district nurses; and time restraints on GPs and the local palliative care team. The practice used all opportunities to meet or speak with other health provider professionals, such as when reviewing housebound patients when the GP would arrange to attend at the same time as the district nurse.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and asthma. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available on the premises and a dietician was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer

screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to local averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 86% to 90% (CCG averages ranged from 69% to 76%) and five year olds from 55% to 91%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a separate area to discuss their needs.

Eighteen of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients, however, said it was difficult to get an appointment. The practice told us that they had recently started a telephone triage system for patients who had been unable to get an appointment on the day. It had introduced online booking of appointments, but had not yet fully advertised this service. It had also responded to patient concerns about availability of appointments by making more appointments open for booking on the day.

We spoke with one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% 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%.

- 78% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 90% 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%.
- 87% 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%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 81% 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%.
- 70% 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%.
- 78% 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 practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 117 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP wrote to them to offer support and advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours clinics on Monday, Tuesday, Thursday and Friday evenings 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.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Older patients identified as needing more frequent review were entered onto the practice avoiding unplanned admissions register and had been given detailed advice about what to do in the event that their health deteriorated.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- Translation services were available.
- The practice was in the process of carrying out major renovations to the building. This meant that its entrance and waiting room were not accessible. The practice had ensured that there was a temporary ramp enabling easier access to the side entrance of the building. However, the entry door was not accessible by unaccompanied wheelchair users, nor was there a means of summoning assistance, such as a door bell. The practice showed us its renovation plans and that disabled access and facilities would be available.
- There was no baby changing facility, again as a result of the on-going renovation works.

Access to the service

The practice was open between 8.00am and 6.30pm Monday, Tuesday, Thursday and Friday, and from 8.00am to 1.00pm on Wednesdays. Appointments were available on:

Monday and Tuesday 9.00am to 11.30am, following which each doctor undertook telephone appointments for 30 minutes, and from 4.00pm to 6.00pm.

Wednesday between 9.00am to 11.50am, following which each doctor undertook telephone appointments for 30 minutes.

Thursday between 9.00am to 12.00pm, following which each doctor undertook telephone appointments for 30 minutes, and from 4.00pm to 6.00pm.

Friday between 9.00am to 11.20am, following which each doctor undertook telephone appointments for 30 minutes, and from 3.00pm to 5.00pm.

The practice was open for extended hours between 6.30pm to 7.00pm on Monday, Tuesday, Thursday and Friday.

In addition, pre-bookable appointments could be booked up to two months in advance, while urgent appointments were available on the day for people that needed them.

The practice did not open on a weekend. The practice had opted out of providing out of hours (OOH) services to their own patients between 6.30pm and 8.00am and directed patients to the OOH provider for NHS Barnet CCG.

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.

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 82% 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.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, there was a poster in reception and a leaflet available from the reception desk.

We looked at seventeen complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints, and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, a patient complained

about the unavailability of an appointment with their preferred GP and did not want an appointment with another GP with whom the patient did not get on. The practice spoke to the patient and explained the appointment system as well as how to register and book appointments online, which enabled patients to access a greater number of appointments. The practice manager also apologised to the patient. The patient had since started using the online booking system. The practice reflected that it needed to more proactively promote the online booking system.

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 in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored, which included monitoring progress on the renovation of the practice building. The practice did not, though, have a written business plan.

Governance arrangements

The practice had 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that the practice went out for social events several times throughout the year.
- 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had actively engaged with the PPG to keep them aware of progress with renovations to the practice building.
- The practice had gathered feedback from staff through practice social events and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any

Are services well-led?

Good 

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

concerns or issues with colleagues and management. For example, reception staff suggested booking the maternal six week post-natal check at the same time as the baby's six week check. The practice adopted that approach as it was more convenient for patients and the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of the 8-8 initiative within Barnet. This enabled member practices to refer patients to other local surgeries for appointments up to 8.00pm on Monday and Friday evenings, and on Saturday and Sunday mornings. At these appointments, subject to patient consent, the GP would be able to access their medical records.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment How the regulation was not being met: 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. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Not all information specified under Schedule 3 was available, or in evidence of being routinely monitored. This included a lack of proof of identity and for clinical staff documented evidence of: registrations with professional bodies; and medical indemnity cover. This was in breach of regulation 19(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.