

East Barnet Health Centre - Dr P Weston

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	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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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 East Barnet Health Centre – Dr P Weston on 10 February, 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 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.

- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However there were areas of practice where the provider should make improvements:

- Develop a schedule of meetings for the Patient Participation Group (PPG).
- Ensure hand washing signs are posted in the toilets.

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 good for providing safe services.

- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs

Good



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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

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 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 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 knowing about 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.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- 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.
- All patients over the age of 75 had a named GP.

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.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 87% compared to the national average of 80%.
- 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.

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.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 Royal College of Physicians questions was 86% compared to a national average of 75%.

Good



Summary of findings

- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 85% compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 reflects the needs for this age group.

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 regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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



Summary of findings

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).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Two hundred fifty-six survey forms were distributed and 100 were returned. This is a response rate of 39% which accounts for 3% of the patient list.

- 42% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 78%).
- 80% described the overall experience of their GP surgery as fairly good or very good (CCG average 80%, national average 85%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 77%).

Due to the difficulty patients were having phoning through to the surgery the practice added a queuing system and have made appointments available for online booking.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients commented positively on the treatment they received from clinicians and felt it was convenient to make an appointment.

We spoke with 5 patients during the inspection. All 5 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients spoke highly of all staff at the surgery and felt they received a high standard of care.

Areas for improvement

Action the service **SHOULD** take to improve

- Develop a schedule of meetings for the Patient Participation Group (PPG).
- Ensure hand washing signs are posted in the toilets.

East Barnet Health Centre - Dr P Weston

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 second inspector, a GP specialist adviser and a practice manager specialist adviser who had the same authority to enter the practice as the lead inspector.

Background to East Barnet Health Centre - Dr P Weston

The Dr P Weston Practice is located in the East Barnet Health Centre in Barnet, North London within the Barnet Clinical Commissioning Group. The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). The practice provides a full range of enhanced services including childhood vaccination and immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, risk profiling and case management, rotavirus and shingles immunisation and unplanned admissions. At the time of our inspection the practice had recently relocated back to East Barnet Health Centre following 18 months in temporary accommodation while the premises were being refurbished. The practice is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, diagnostic and screening procedures, treatment of disease, disorder or injury and family planning.

The practice has a patient list size of approximately 3,300 at the time of our inspection.

The staff team at the practice included 2 GP partners (1 male and 1 female), 1 salaried GP (male), 1 GP locum (female), one practice manager and 2 practice nurse (females). The practice had 14 administrative staff. The practice manager, practice nurses and administrative staff are all shared between the 3 practices located at East Barnet Health Centre.

The practices opening hours are:

- Monday to Friday 8.00am to 6.30pm
- Extended opening times are available Monday from 7:30 to 8:00am, Tuesday and Wednesday 7:15am to 8:00am

Appointments are available at the following times:

- Monday: 7:30am to 8:00am, 8:20am to 12:00pm, 2:40pm to 6:00pm
- Tuesday and Wednesday: 7:15am to 8:00am, 8:10am to 12:00pm, 2:40pm to 6:00pm
- Thursday: 8:20am to 12:00pm
- Friday: 8:10am to 12:00pm, 2:40pm to 6:00pm

Outside of these times cover is provided by an out of hours provider. To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments. Urgent appointments are available daily and GPs also complete telephone consultations for patients. Weekly there are a total of 15 GP sessions and 11 nurse sessions available to patients.

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. 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.

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 10 February, 2016.

During our visit we:

- Spoke with a range of staff (2 GP partners, a practice nurse and receptionists) and spoke with patients who used the service.
- Reviewed the personal care or treatment records of patients.

- Reviewed 20 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a vulnerable patient was given a flu vaccination during a routine review. It came to light that the patient had received the flu vaccination two weeks earlier by district nurse but this was not recorded in the patient's record. The GP immediately informed all relevant parties including the patient's family, the CCG, the care home and the clinician that supplied the original flu vaccination. The practice developed a list of house bound patients and patients in care homes that require parenteral medicines (parental medicines are medicines in which dosage forms are intended for administration as an injection or infusion). All parties involved in the care of these patients were informed how to update the list and all clinicians from that point were required to check the list before administering medicines or vaccinations to patients.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, an antibiotic was added to a repeat medication in error following a discharge summary. The antibiotic was identified as an error when double checked by a prescription clerk. The practice discussed at multi-disciplinary team meetings and agreed all prescriptions from discharge summaries would be coding acute and sent to GP for approval. The learning was disseminated at the weekly reception team meeting.

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 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. GPs were trained to Safeguarding level 3 and nurses were trained to Safeguarding level 2.
- 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 check (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 and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in

Are services safe?

line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed six personnel files, including two locums regularly used by the practice, and found 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All clinical equipment was due to be checked on 18 February, 2016 (the last check took place on 20 February 2015) to ensure the equipment was safe to use and ensure it was working properly. We saw evidence of an annual servicing contract to calibrate the medical equipment at the practice. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that 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 annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- GPs at the practice attended courses to gain a comprehensive understanding of up to date NICE guidance. We saw evidence of up to date guidance being shared with colleagues and an electronic file with the latest guidance stored for ease of reference.

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 99.6% of the total number of points available, with zero exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average. For example, 86% of patients with diabetes had been measured within the last 12 months with a reading of 140/80 mmHg or less compared the national average of 76%.
- The percentage of patients with hypertension whose blood pressure reading measured 150/90mmHg or less within the last 12 months was 91%, above the national average of 84%.

- Performance for mental health related indicators were above the national average. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months, above the national average of 88%
- Performance for dementia related indicators were above the national average with 100% of patients diagnosed with dementia having had their care plans reviewed within the last 12 months compared to the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been 2 clinical audits conducted in the last two years, both of these were completed audits across two cycles. We saw that improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a drug safety alert included an audit started in October 2014 triggered by a drug safety alert regarding revised daily dosage and duration of an anti nausea medication. The first cycle of the audit identified eleven patients on the medication, nine were on short term acute prescriptions and two were on repeat prescriptions. The two patients on repeat prescriptions were contacted and informed of the risks, both patients changed to an alternative medication. A follow up audit in January 2016 identified only one patient on the anti nausea medication as a result of a short term acute prescription.

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. It 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, immunisation training for the practice nurse.
- 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

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last twelve 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 investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. Multi-disciplinary meetings were held on a monthly basis. The meetings were informal and not minuted however but were noted on the patient records. We saw evidence of multi-disciplinary working with a range of health care agencies in regard to issues such as patient care experiences, medication queries and vulnerable patients. For example, we saw evidence of an urgent meeting called by the GP to safeguard a patient. The meeting successfully ensured social services were aware of a referral made for a vulnerable patient who the GP felt was in need of a mental capacity assessment. The multi-disciplinary meeting took place and as a result the vulnerable patient was appropriately assessed.

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.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last twelve 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 and the health benefits of yoga. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was above 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 95% and five year olds 72% to 98%. This is above the CCG vaccinations rates of 72% to 80% for under two years and 64% to 91% for 5 year olds. We saw evidence that the practice regularly audits its childhood immunisation performance.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people 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.
- Telephone calls were taken behind clear privacy screens and could not be overheard in the reception area or in the waiting area.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the twenty 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.

We spoke with two members of the patient participation group. 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 felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 84% said the GP gave them enough time which is comparable to the CCG average 84% and just under the national average 87%.

- 98% said they had confidence and trust in the last GP they saw which is above both the CCG average at 94% and the national average at 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern which is above the CCG average of 83% and the national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern which is above both the CCG average of 86% and the national average of 90%.
- 86% said they found the receptionists at the practice helpful which is above the CCG average of 83% and just below 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 on the comment cards and the patients we spoke to on the day of inspection was also positive and aligned with these views.

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:

- 92% said the last GP they saw was good at explaining tests and treatments which is well above both the CCG average of 84% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care which is in line with the CCG average of 79% and just under the national average of 81%.
- 83% said the last nurse they saw was good at involving them in decisions about their care which is in line with the CCG average of 80% and below the national average of 85%.

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. We also observed a patient being informed of this service for an upcoming appointment.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% (66 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Monday, Tuesday and Wednesday morning from 7:15am to 8:00am 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were longer appointments available for people with a learning disability or living with dementia.
- Baby changing facilities were available.
- All treatment rooms were located on the ground floor.
- The building was also accessible, for example offering wheelchair accessibility, step free access and automatic doors.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were from 8:30am every morning to 6:00pm daily with the exception of Thursday when the practice is handed over to out of hours from 1:00pm. Extended surgery hours were offered at the following times on 7:15am to 8:00am Monday, Tuesday and Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available daily for people that needed them.

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

- 71% (comparable to other practices in the area) of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 42% patients said they could get through easily to the surgery by phone which is comparable to other practices in the area and below the national average of 73%.
- 59% patients said they always or almost always see or speak to the GP they prefer, which was above both the CCG average of 56% and the national average of 60%.

The practice put measures in place to ensure the patients could access appointments, such a queuing system for incoming calls and online booking. Patients we spoke to on the day of inspection said it was not difficult to arrange an appointment on the telephone, this was also reflected in the comment cards we received.

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.
- We saw that information was available to help patients understand the complaints system. For example, there was an information leaflet available in the reception area outlining the complaints process, posters in the practice and information on the practice's website.

We looked at four complaints received in the last twelve months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint was regarding a request for a repeat prescription which was refused by a locum GP. The locum GP was concerned about possible side effects

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

with a high dose of the medicine and did not know the patient's case in detail. The prescription was issued by the usual GP the following day. The locum GP contacted the patient directly to apologise. The case was discussed by the

GP Partners, the locum GP and members of the reception and prescribing team. A message was placed on the patient's front screen as well as within their medication record to prevent a similar issue happening in the future.

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 recently relocated back to its current refurbished location following a period of 18 months of temporary accommodation. The vision and strategy was to achieve stability and enable the continued provision of personalised care for patients. Staff were clear about the vision and the responsibilities in relation to this.

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 which was used to monitor quality and to make improvements
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 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.

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team in regards to the temporary accommodation arrangements. For example, patients said it was difficult travelling from east Barnet to the practice's temporary accommodation while East Barnet Health Centre was under refurbishment. The PPG relayed this to the practice and they worked together to arrange for a shuttle bus to transport patients from East Barnet Health Centre to the temporary accommodation for the duration of the refurbishment. Following the move back to the refurbished health centre there were no regular PPG meetings. The PPG members we spoke to said the next steps were to schedule meetings and begin collecting feedback about the new premises.
- The practice had gathered feedback from staff through surveys, practice meetings and informal staff meetings.

Are services well-led?

Good 

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

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.