

# Longrove Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Longrove Surgery on 9 March 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.

We saw one area of outstanding practice:

- In 2015, in response to low patient satisfaction ratings for opening hours, the practice created a independent nurse prescriber walk in clinic supported by a duty GP. The clinic aimed to manage 'on the day' appointment demand and enabled patients with a minor illness to be seen by a nurse prescriber or (if they had more complex medical needs); a GP. In early 2016 an audit of the effectiveness of the nurse led clinic was undertaken. The audit found that over 400 patients had been seen over a 5 week period; that 89% of patients were seen by nurses, and that 88% of patients were seen within an hour. Patient feedback has been positive. Patients can access appointments and services in a way and at a time that suits them.

**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 comparable 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.

Good



- 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.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

# 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.

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.
- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 70% compared to a national average of 76%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 88% compared to a national average of 87%.
- 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.

Good



# Summary of findings

- 74% of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months compared to a national average of 76%.
- 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 practice's uptake for the cervical screening programme was 86%, which was comparable to the national average of 79%.
- 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, heart failure nurses and the community matron.

## 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 diagnosed with dementia whose care had been reviewed in the preceding 12 months was 85% compared with a national average of 85%
- 96.8% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 91% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 94% compared with a national average of 92%.
- 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 in July 2015. The results showed the practice was performing in line with local and national averages. Two hundred and ninety six (296) survey forms were distributed and 124 were returned. This represented 1.1% of the practice's patient list.

- 58.9% found it easy to get through to this surgery by phone compared to a CCG average of 63.4% and a national average of 73.3%.
- 78.5% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.2%, national average 85.2%).
- 78.6% described the overall experience of their GP surgery as fairly good or very good (CCG average 80.2%, national average 84.8%).
- 73% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73.6%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were positive about the standard of care received. However, two patients commented that there was often a long wait to be seen for urgent appointments. Patients stated that they received kind, compassionate, and timely care and treatment which met their health and wellbeing needs.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us that practice staff were polite and courteous and that the practice was always clean and tidy and well staffed. Ninety two percent of patients say that they were extremely likely to recommend the practice in the friends and family test 2015.



# Longrove Surgery

## 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 second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser.

## Background to Longrove Surgery

Longrove Surgery is situated in Barnet, North London within the NHS Barnet Clinical Commissioning Group (CCG). The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering primary medical services). The practice provides a range of enhanced services including adult and child immunisations, facilitating timely diagnosis and support for people with Dementia, and minor surgery.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury, Family planning, and Diagnostic and screening procedures.

The practice had a patient list of just over 11000 at the time of our inspection.

The staff team at the practice includes 6 partner GP's. Three partners are full time and three are part time. There are two male and four female partners. The practice clinical team also includes one female salaried GP, four practice nurses (female), and one male health care assistant. The practice has nineteen staff in its administrative team; including a practice manager and assistant practice manager. All staff work a mix of full time and part time hours. In February

2016, the practice became a training practice. GP training will commence in August 2016 when the first trainee GP will begin placement at the practice. Two of the GP partners teach undergraduate medical students and one GP partner was planning to become a trainer for F2 (Year 2 of doctor training) doctors at the end of the year (new doctors have an opportunity to do a four month attachment in general practice in the second year (F2) of their studies).

The practice is open between 7.30am and 7.30pm Monday to Thursday and 7.30am to 7.00pm on Fridays. GP appointments are available:

	Morning	Afternoon
Monday	8.00am – 12.20pm	2.00pm – 7.00pm
Tuesday	8.30am – 1.00pm	4.30pm – 6.20pm
Wednesday	7.30am – 12.00pm	12.30pm – 6.20pm
Thursday	8.30am – 1.00pm	1.00pm – 6.20pm
Friday	8.30am – 11.30am	4.00pm – 5.50pm

Extended hours surgeries are offered from 7:30am on Mondays, Wednesdays, Thursdays and Fridays. The practice nursing team offers a 'nurse led triage' clinic with appointments from 7.30am to 7.00pm on Monday to Friday and a nurse led clinic is run once a month on a Saturday from 9.00am – 1.00pm. The surgery is closed on other Saturdays and all Sundays and bank holidays.

Urgent appointments are available each day and GPs also complete telephone consultations for patients. An out of hour's service provided by a local deputising service covers the practice when it is closed. The practice is part of the Pan Barnet Federation which provides additional GP appointments until 8pm on Mondays and Fridays and every Saturday morning and one Sunday per month. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring

# Detailed findings

depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice website as well as through posters and leaflets available at the practice.

There are approximately 683 GP appointments available per week. The practice nurses and healthcare assistant have 366 appointments available per week. (These exclude telephone consultations and home visits and appointments available for the practice's walk in sessions which are additional).

The practice had a lower percentage than the national average of people with a long standing health conditions (51% compared to a national average of 54%); and a lower percentage than the national average of people with health related problems in daily life (38% compared to a national average 49%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and in line with the national average for females.

## 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 9 March 2016. During our visit we:

- Spoke with a range of staff (partner GP's, practice nurses, the healthcare assistant, non-clinical staff such as the practice manager and administrators) and spoke with patients who used the service including two members of the patient participation group.
- 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 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, in February 2015 the practice received an MHRA (Medicines and Healthcare Products and Regulatory Agency) alert for a medication X in regard to patients of child bearing age (alerts are provided by MHRA on the safety of medications and medical devices). In response the practice identified all patients who had been prescribed this medication; each patient was contacted by their GP and given an appointment for a medication review and a discussion about the use and affects.

When there are unintended or unexpected safety incidents, people received support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### 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 and practice nurses were trained to the appropriate Safeguarding levels.

- A notice in the waiting rooms and reception areas 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. One of the practice nurse's 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 drugs and vaccinations, 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. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. Both nurses had received mentorship and support from the medical staff for this extended role. Patient Group Directions (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 nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber

## Are services safe?

has assessed the patient on an individual basis) to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed seven personnel files 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.
- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (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. In addition, to manage staff absence the practice manager uses an online software tool that records sickness absence and annual leave which enables the practice to maintain staffing levels.

### 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
- The practice had a defibrillator (a device delivering a therapeutic dose of electrical current to the heart) 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. For example, in February 2015 NICE issued an updated guideline on Diabetes in pregnancy: from the management from preconception to the postnatal period. In response to this update the practice updated its six week postnatal review to include follow up for those patients who had been diagnosed with gestational diabetes (the onset of diabetes as a result of pregnancy); to ensure that they are offered lifestyle advice and monitored annually for diabetes to enable early detection. The practice began a clinical audit in July 2015 to identify patients this may have affected over the last 10 years. The audit identified 31 patients for follow up.
- 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 93.6% of the total number of points available with a 8.9% exception rate. 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 similar to the national average. The percentage of patients with diabetes on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 70.3% compared to a national average of 76%. The percentage of patients

on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87.9% compared to a national average of 87.4%.

- Performance for hypertension related indicators was similar to the national average. For example, 82.3% of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less compared to a national average of 81.8%
- Performance for mental health related indicators was above the national average. For example: 96.8% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 90.5% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 94.4% compared with a national average of 92.3%.
- Performance for dementia related indicators were similar to the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 84.7% compared with a national average of 84.9%.

Clinical audits demonstrated quality improvement.

- There had been 3 clinical audits completed in the last two years, all 3 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice undertook an audit on the use of Medicine Y amongst its patients (used to treat nausea and vomiting, complaints of the stomach, which occur with delayed emptying of the stomach). Following guidance on the safety and contraindications released in May 2014, the audit found that initially 81 patients had been prescribed Medicine Y on repeat prescription and nine of those patients on regular domperidone had a history of cardiac disease. The practice also found that none of the patients had had their prescription reviewed (which had been outlined in the new guidance). A year later the clinical review showed that 28 patients were



# Are services effective?

## (for example, treatment is effective)

now prescribed Medicine Y on repeat prescription, 12 patients were taking it regularly (5 of these were at the request of a hospital consultant), 16 patients were taking it when necessary for nausea associated with migraine, and there were no patients on regular domperidone with a history of cardiac disease all have a medication review within the last year.

### 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, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 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 12 months. Practice nurses were involved in the local nurse's forum which enables peer learning. For example, nurses recently visited another practice for training on spirometry (a test of how well a patient can breathe which can help in the diagnosis of different lung diseases such as chronic obstructive pulmonary disease (COPD)).
- 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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.

# Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available by referral and smoking cessation advice was available from the practice's healthcare assistant.

The practice's uptake for the cervical screening programme was 85.9%, which was comparable to the national average of 79.1%. 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 above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73.9% to 91.9% and five year olds from 66.7% to 94.3%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a compassionate, caring and supportive environment and staff were helpful and treated them with dignity and respect. We spoke with 2 members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said they felt listened to and had confidence in both the nurses and GP's at the practice. They told us their dignity and privacy was respected.

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

- 84.9% said the GP was good at listening to them compared to the CCG average of 87.3% and national average of 88.6%.
- 77% said the GP gave them enough time (CCG average 83.7%, national average 86.6%).
- 95.7% said they had confidence and trust in the last GP they saw (CCG average 94.2%, national average 95.2%).
- 76.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 82.8%, national average 85.1%).

- 87.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85.9%, national average 90.4%).
- 81.7% said they found the receptionists at the practice helpful (CCG average 82.6%, national average 86.8%).

### 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 we received 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:

- 82.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 79.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.3%, national average 81.4%).
- 84.4% said the last nurse they saw was good at involving them in decisions about their care (CCG average 79.8%, national average 84.8%).

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

### Patient and carer support to cope emotionally with care and treatment

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 173 carers; (1.5%) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.



## Are services caring?

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.

For example, the practice forms part of the North Barnet locality Network which works under the umbrella of the Pan Barnet Federation. The aim of the network was to bring together practices to provide services collaboratively for its patients. One of the initiatives commissioned by Barnet CCG has been to provide a hub for the provision for an 8am to 8pm pilot; its aim is to provide GP appointments accessible for any patient living in Barnet on Fridays, Saturdays, Sundays and Mondays which runs at this practice. The practice also runs the rota for the North Barnet locality and provides cross organisational appointment bookings for those practices in the locality.

- The practice offered a independent nurse prescriber walk in 'triage' Clinic' throughout the week with appointments starting at 7.30am to 7pm Monday to Friday for those patients with minor illness.
- The practice offered a nurse/health care assistant clinic once a month on a Saturday between 9.00am and 1.00pm.
- The practice offered GP appointments through the Pan Barnet Federation from 8am to 8pm on a Monday's and Friday's and every Saturday and Sunday.
- The practice offers nurse led clinics for long term conditions such as diabetes and COPD (Chronic obstructive pulmonary disease)
- There were longer appointments available for patients with a learning disability and complex health related conditions.
- Same day appointments were available for children and those with serious medical conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice is open between 7.30am and 7.30pm Monday to Thursday and 7.30am to 7.00pm on Fridays. GP appointments are available:

	Morning	Afternoon
Monday	8.00am – 12.20pm	2.00pm – 7.00pm
Tuesday	8.30am – 1.00pm	4.30pm – 6.20pm
Wednesday	7.30am – 12.00pm	12.30pm – 6.20pm
Thursday	8.30am – 1.00pm	1.00pm – 6.20pm
Friday	8.30am – 11.30am	4.00pm – 5.50pm

Extended hours surgeries are offered from 7:30am on Mondays, Wednesdays, Thursdays and Fridays. The practice nursing team offers a 'nurse led triage' clinic with appointments from 7.30am to 7.00pm on Monday to Friday and a nurse led clinic is run once a month on a Saturday from 9.00am – 1.00pm. The surgery is closed on other Saturdays and all Sundays and bank holidays. However, patients have access to the 8am – 8pm pilot hub hosted at the practice which offers appointments with a GP on Fridays, Saturdays, Sundays and Mondays.

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

- 57.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 68.7% and national average of 74.9%.
- 59.8% patients said they could get through easily to the surgery by phone (CCG average 63.4%, national average 73.3%).
- 78.5% patients said they always or almost always see or speak to the GP they prefer (CCG average 82.2%, national average 85.2%).

We spoke with practice leads about similarly low satisfaction ratings for opening hours since the publication of 2014/15 patient survey results. In response to these issues the practice created the nurse led walk in clinic supported by a duty GP. The practice created a triage protocol known as the 'F12' system to manage the demand of the 'on the day' appointments. The F12 system helped staff to identify if the patient had a minor illness and could be seen by an independent nurse prescriber or whether

# Are services responsive to people's needs?

## (for example, to feedback?)

they had more complex medical needs; in which case they were seen by a GP. This system was reviewed weekly by GP's and practice nursing staff to ensure that those patients had been appropriately triaged.

In early 2016, an audit of the effectiveness of the independent nurse prescriber led clinic was undertaken and was conducted for 417 patients seen over a 5 week period. In conclusion the audit found that 89% of appointment sessions were seen by nurses, 88% of patients were seen within an hour, 62% of patients had a prescription issued by the nurse prescribers or duty GP. The audit also identified conditions that needed to be added to the F12 system and areas for practice learning for nurses for example in relation to skin conditions. We saw that practice learning sessions had been arranged.

The latest friends and family test results showed that 92% of patients would recommend the practice to family and friends. In addition, 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, information on how to complain was available in the waiting area of the practice and on the practice website.

We looked at 11 complaints received in the last 12 months and found they were dealt with in a thorough, open and timely way. The practice held regular complaints discussions and staff told us that it was a shared learning experience. We saw that where possible, the practice took action to prevent the complainant experiencing the same problems again.

For example, we looked at a complaint from a patient in regard to the wait for an appointment for ear syringing at the local hospital. We saw that the patient's complaint was acknowledged and responded to within an appropriate timescale and that action had been taken to ensure the appointment date was brought forward and staff updated to remind patients about ear syringing services in the community.

# 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 and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 robust arrangements 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. We noted team away days were held at least annually.
- 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. For example, the PPG feedback resulted in improvements to the practice's website to ease navigation, support during flu clinics, fundraising for the local children's hospice and improved signage at the appointments desk.
- The practice had gathered feedback from staff generally through staff meetings, appraisals, 1-2-1 meetings and ongoing discussions. 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.

# Are services well-led?

Good 

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

## Continuous improvement

In February 2016, the practice became a training practice. GP training will commence in August 2016 when the first trainee GP will begin placement at the practice. Two of the GP partners teach undergraduate medical students and one GP partner is planning to become a trainer for F2 (Year 2 of doctor training) doctors at the end of the year (new doctors have an opportunity to do a four month attachment in general practice in the second year (F2) of their studies).

There was a strong 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. For example, the practice will be piloting Health champions working with 'Altogether better' to find new ways to improve the health and wellbeing of the local community. As part of the Pan Barnet Federation, the practice is looking to secure funding for primary care to provide wound care to its patients. In addition, the practice's nursing team will be training and assisting apprentices via a new scheme to develop local practice capacity.