Jai Medical Centre

Quality Report

114 Edgwarebury Lane
Edgware,
Middlesex
HA8 8NB
Tel:0300 033 7860
Website: www.jaimedical.nhs.uk/

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Requires improvement**
Are services well-led?	**Requires improvement**

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jai Medical Centre – Edgware on 4 May 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected at Jai Medical Centre – Edgware were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed with the exception of systems in place to allow the practice's Health Care Assistant to legally administer medicines; and systems for the robust monitoring and recall of patients with long term conditions.
- Improvements were made to the quality of care as a result of complaints but filing systems were not well organised and learning from complaints was not well documented.
- Data showed that some patient outcomes were below the national average.
- We saw evidence that audits were driving improvements to patient outcomes.
- Outcomes of people's care and treatment was not being monitored regularly or robustly.
- The majority of patients said they were treated with compassion, dignity and respect.
- 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 areas where the provider must make improvements are:

- Ensure that the signed Patient Specific Directions are on file, to legally allow the Health Care Assistant to administer medicines in line with legislation.
- Ensure there are systems in place to monitor the outcomes of people's care and treatment.
- Review its processes for identifying, receiving, recording, handling and responding to complaints.

In addition the provider should:

Summary of findings

- Investigate safety incidents thoroughly, including ensuring that staff learning is shared and documented.
- Review systems in place for identifying and supporting carers.
- Ensure that regular, minuted staff meetings take place, to reflect on learning, monitor performance and agree activity.
- Ensure that regular, minuted multi-disciplinary meetings take place, to monitor and improve patient outcomes.
- Ensure that GP national patient survey is collated at practice level, so as to ensure that survey results can be used to improve the service.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where improvements must be made.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, signed patient specific directions were not on file enabling the practice's Health Care Assistant to administer medicines in line with legislation.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Requires improvement

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

- The provider used QOF to monitor its performance but the data also included the performance of another surgery so it was unclear how it was being used to monitor patient outcomes. When we were provided with practice specific data for Jai Medical Centre Edgware, we noted that several patient outcomes were below local and CCG averages. For example, the unverified data provided by showed that the practice's performance on annual asthma reviews and annual COPD reviews was below the published local and national averages for 2014/15.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services.

Summary of findings

- We noted that the practice's national GP patient survey results also included patient satisfaction scores for another surgery. The provider could not provide separate patient satisfaction scores for Jai Medical Centre Edgware or tell us how it had used this feedback to improve the service.
- 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.

Are services responsive to people's needs?
The practice is rated as requires improvement for providing responsive services.

Requires improvement

- Information about how to complain was available and easy to understand and we saw how complaints were used to improve the quality of care. However, complaints management was not well organised.

  For example, on the day of the inspection, documentation such as the practice's response to specific complaints could not be located. In addition, the practice was not analysing complaints trends and actions taken as a result to improve the quality of care. We were told that learning from complaints took place at staff team meetings but these meetings were not routinely minuted.

- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of a CCG led network of local practices which undertook patient centred assessments for older people.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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

Requires improvement

- Governance arrangements did not always operate effectively. For example the he practice did not always act in accordance with its policies (such as its complaints policy which required that all written complaints receive an acknowledgement letter).

Summary of findings

- The provider did not have a comprehensive understanding of the performance of the practice.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for the care of older people; and was rated as requires improvement for safe, effective, caring, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were however, examples of good practice:

- 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.
- The practice was part of a CCG led network of local practices which undertook patient centred assessments for older people. Staff spoke positively about how the network supported care for this population group through, for example, proactive falls management (which advised people on their home environment and early advice) rather than intervention after a fall.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for the care of people with long term conditions; and was rated as requires improvement for safe, effective, caring, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The outcome of people's care and treatment was not monitored robustly. QOF data collected by the practice was combined with data from another surgery. It was therefore unclear how the data was being used to monitor patient outcomes at either surgery.
- Unverified data provided by the practice showed that 80% of patients with diabetes had a blood pressure reading of or 140/80 or less compared with the respective CCG and national averages of 76% and 78%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider was rated as requires improvement for the care of families children and young people; and was rated as requires improvement for safe, effective, caring, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were however, examples of good practice:

- 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. Unverified immunisation data provided by the practice showed that rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- On the day of our inspection, the practice's unverified uptake for its cervical screening programme was 77%, which was below the CCG average of 79% and the 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 and health visitors.
- Patients from this population group spoke positively about how care and treatment was delivered.

Requires improvement

Working age people (including those recently retired and students)

The provider was rated as requires improvement for the care of working age people (including those recently retired and students); and was rated as requires improvement for safe, effective, caring, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were however, examples of good practice:

- 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.

Requires improvement

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for the care of people whose circumstances made them vulnerable; and was rated as requires improvement for safe, effective, caring, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were however, examples of good practice:

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

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for the care of people experiencing poor mental health; and was rated as requires improvement for safe, effective, caring, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were however, examples of good practice:

- Unverified data provided by the practice showed that 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- Unverified data provided by the practice showed that 76% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the previous 12 months compared with the 88% national average.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. We noted that 347 survey forms were distributed and 114 were returned. This represented less than 1% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 67% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we routinely ask for CQC comment cards to be completed by patients prior to our inspection. However, these had not been circulated by the provider.

We spoke with two patients during the inspection who were satisfied with the care they received and thought staff were approachable, committed and caring. However, they also expressed concern regarding appointments access.

Areas for improvement

Action the service MUST take to improve

- Ensure that the signed Patient Specific Directions are on file, to legally allow the Health Care Assistant to administer medicines in line with legislation.
- Ensure there are systems in place to monitor the outcomes of people's care and treatment.
- Review its processes for identifying, receiving, recording, handling and responding to complaints.

Action the service SHOULD take to improve

- Investigate safety incidents thoroughly, including ensuring that staff learning is shared and documented.
- Review systems in place for identifying and supporting carers.
- Ensure that regular, minuted staff meetings take place, to reflect on learning, monitor performance and agree activity.
- Ensure that regular, minuted multi-disciplinary meetings take place, to monitor and improve patient outcomes.
- Ensure that GP national patient survey is collated at practice level, so as to ensure that survey results can be used to improve the service.

Jai Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Jai Medical Centre

Jai Medical Centre –Edgware is located in the London Borough of Barnet. The practice has a patient list of approximately 3,000 patients. Eighteen percent of patients are aged under 18 (compared to the national practice average of 21%) and 21% are 65 or older (compared to the national practice average of 17%). Fifty one percent of patients have a long-standing health condition. The practice was unable to provide data on the number of patients who had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice holds a General Medical Services contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The staff team comprises one male senior lead GP (providing 11 sessions per week), one female practice nurse (2 sessions), senior health care assistant (9 sessions) and administrative/reception staff. Management support is provided by a principal GP and a general manager.

The practice's opening hours are:

- Monday to Friday: 8:00am-1pm and 4pm- 6:30pm
- Except Thursday: 8:00am-1pm
- Saturday:10:00am to 1:00pm

Appointments are available at the following times:

- Monday: 9:30am – 1pm and 4:30pm – 6:30pm
- Tuesday and Wednesday: 9:30am-12:30pm and 4:30pm -6:30pm
- Thursday: 9:30am-12:30pm
- Friday: 9:30am–1pm and 4:30pm –6:30pm
- Saturday: 10:00am to 1:00pm

Outside of these times, cover is provided by out of hours provider: Barndoc Healthcare Limited.

The practice is registered to provide the following regulated activities which we inspected:

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was 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.

Detailed findings

Jai Medical Centre –Edgware was inspected under the previous CQC inspection regime. At an inspection in September 2013,we found that the provider was non-compliant with standards relating to the management of medicines. When we re-inspected in February 2014, we found improvements had been made, such that the provider was meeting the regulations in force at that time (Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

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 4 May 2016.

During our visit we:

- Spoke with a range of staff (including GPs, the practice manager, a practice nurse and receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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)

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events but we noted that the frequency of meetings was ad hoc and that they were not routinely minuted.
- An external company had delivered training on the importance of significant events reporting in maintaining patient safety.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a faxed referral had not been received by the local referral management service, the practice had revised its protocols so that staff obtained a fax confirmation and confirmation by phone that the referral had been received.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and practice nurse to 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 (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, signed Patient Specific Directions were not on file for the practice's Health Care Assistant which meant that they were not legally able to administer medicines. Shortly after our inspection, we were advised that appropriately signed PSDs were on file for the Health Care Assistant.
- We reviewed two 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.

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 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 stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, regarding latest NICE guidance on cancer referrals.

Management, monitoring and improving outcomes for people

We could not be assured that the outcome of people's care and treatment was being monitored robustly. 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.

However, we noted that QOF performance information also included data relating to the provider's Hendon surgery and it was therefore unclear how patient outcomes were being monitored at the Edgware practice. The most recent published results (2014/15) were 96% of the total number of points available with 5% exception reporting (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. Latest published data (2014/15) showed:

- Performance for diabetes related indicators was 87% which was below the 89% national average.
- Performance for mental health related indicators ranged from 90% which was below the 93% national average.

  Shortly after our inspection the provider sent us unverified QOF data solely for Jai Medical Centre Edgware. We noted that several patient outcomes were below local and CCG averages. For example, the percentage of patients with diabetes with a record of a foot examination within the preceding 12 months was 88% compared with the 88.3% national average. We also noted that the percentage of patients with chronic obstructive pulmonary disease who had had an annual review within the last 12 months was 85% compared with the 89.8% national average. Prior to our inspection, this reporting data was not readily available and so it was unclear how patient outcomes were being monitored at the practice level.

We also looked at the practice's systems for recalling patients with long term conditions such as dementia and hypertension. The practice told us that it used a repeat prescription led approach which required the patient to make contact to arrange an appointment but our concern was that patients experiencing poor mental health or those struggling to control their condition might not contact the practice. The provider told us that they would review their patient recall system to ensure a more patient centred approach.

There had been one, two cycle clinical audit completed in the last 12 months and we saw evidence of how this had been used to improve patient outcomes.

We noted that the audit had been undertaken of patients being prescribed drug X, because of documented concerns regarding instances of death from relatively low overdose levels.

The audit highlighted five patients as being prescribed the drug. The medication was removed from their prescription and an alternative was offered. We noted that when the audit was repeated in April 2016, the number of patients being prescribed the drug had reduced to nil.

However, although the audit had recommended that the audit findings be shared at a clinical meeting, we did not see evidence that this had taken place.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care and those at risk of developing a long-term condition. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

On the day of our inspection, the practice showed us its unverified cervical uptake performance which, at 73%, was below the latest CCG average of 79% and the national average of 82%. Following our inspection the practice sent us an update on action it had taken to improve its uptake rates. This included providing leaflets in local community languages, the introduction of an appointment booking protocol to support staff contacting patients and opportunistic screening, whereby patients visiting a doctor were offered a screening appointment that day with the practice nurse.

We noted that the practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

On the day of our inspection, the practice was initially unable to provide us with practice specific details of childhood immunisation rates. This information was sent to use after our inspection and we noted that performance

Requires improvement

Are services effective?

(for example, treatment is effective)

was comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 94% and was 85% for five year olds.

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

Requires improvement

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.

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 (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We noted that practice's national GP patient survey results included patient feedback relating to the location's sister surgery: Jai Medical Centre -Hendon.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect and that satisfaction scores on consultations with GPs and nurses were comparable to national and local averages. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The provider could not provide separate patient satisfaction scores for Jai Medical Centre -Edgware or tell us how it had used this feedback to improve the service.

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. We also saw that care plans were personalised.

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

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 65% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Staff spoke a range of languages spoken in the community.

Requires improvement

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

We were told that the practice's computer system alerted GPs if a patient was also a carer but the practice was unable to provide this data. The practice told us that it would review its systems for identifying and supporting carers.

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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice was part of a CCG led network of local practices which undertook patient centred assessments for older people. Staff spoke positively about how the network supported care for this population group through, for example, proactive falls management (which advised people on their home environment and early advice) rather than intervention after a fall.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Interpreting services were available.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- The practice offered Saturday morning appointments.

Access to the service

The practice's opening hours are:

- Monday to Friday: 8:00am-1pm and 4pm- 6:30pm
- Except Thursday: 8:00am-1pm
- Saturday:10:00am to 1:00pm

Appointments are available at the following times:

- Monday: 9:30am – 1pm and 4:30pm – 6:30pm
- Tuesday and Wednesday: 9:30am-12:30pm and 4:30pm -6:30pm
- Thursday: 9:30am-12:30pm
- Friday: 9:30am–1pm and 4:30pm –6:30pm
- Saturday: 10:00am to 1:00pm

Outside of these times, cover is provided by out of hours provider: Barndoc Healthcare Limited.

We noted that the practice's national GP patient survey results also included patient feedback relating to the location's sister surgery: Jai Medical Centre -Hendon.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 57% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

When we asked about actions being taken to improve phone access, we were told that the provider had increased its staffing levels during peak morning periods. We were shown a telephone audit that had taken place between January - March 2016 but noted that it related to the Hendon surgery.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

We saw that systems were in place to ensure that there was a GP on call to telephone all patients to assess urgency prior to visiting. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. We noted that the system had recently been reviewed following a NHS England patient safety alert on triaging GP home visits.

Listening and learning from concerns and complaints

We looked at the practice's system for handling complaints and concerns.

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system including posters, reception TV information and a patient information leaflet.

We looked at the provider's complaints folder and noted that it contained complaints for three different surgeries. In total, 18 complaints had been received since April 2015. We noted that two complaints were not listed on the practice's complaints log and that one complainant had been sent an undated acknowledgment letter and no further correspondence. This was not in accordance with legislation or with the provider's own complaints policy.

Shortly after our inspection, we were advised that the log had been reviewed and that all complainants had been contacted and that lessons learned section had been added.

We also noted that the practice was not analysing complaints trends and actions taken as a result to improve the quality of care. We were told that learning from complaints took place at staff team meetings but the learning was not documented in the complaints folder and we also noted that these meetings were not routinely minuted. We could not be assured that the operation of the practice's complaints policy facilitated opportunities for learning.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

- The practice's statement of purpose aimed to deliver safe, high quality and effective general medical services. Staff knew and understood their role in delivering care and the practice had a mission statement which was displayed in the waiting area.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. For example:

- The outcomes of people's care and treatment was not always monitored regularly or robustly (for example regarding recall arrangements for patients with long term conditions).
- The practice did not always act in accordance with its policies (such as its complaints policy which required that all written complaints receive an acknowledgement letter).
- Ad hoc and infrequently minuted staff meetings hindered the sharing of learning from significant events and complaints.

We also noted that:

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions such as regarding infection prevention and control.
- 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.
- Where we highlighted limited systems in place to enable a comprehensive understanding of the QOF performance of the practice, the provider took prompt action to improve its systems and obtain the necessary performance data.

Leadership and culture

The principal GP and general manager told us they prioritised safe, high quality and compassionate care. Staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment affected people were given reasonable support, truthful information and a verbal or written apology, although we noted concerns regarding complaints management.

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice held and an annual fundraising social event.
- Staff told us the practice held regular team meetings although these were not routinely minuted.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and principal GP and general manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members told us that a 'well women' clinic had been introduced at their request.
- The practice had gathered feedback from staff through appraisals and discussion. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, the practice was part of a CCG led network of local practices which undertook patient centred assessments for older people. Staff spoke positively about how the network supported care for this population group through, for example, proactive falls management (which advised people on their home environment and early advice) rather than intervention after a fall.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by: • Failing to ensure there were appropriately signed PSDs on file for the practice nurse; to enable legal administration of medicines. • Failing to ensure that the outcomes of people's care and treatment were being regularly monitored. This was in breach of Regulation 12(1)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Receiving and acting on complaints How the regulation was not being met: • Failing to operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 16(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.