The Mountfield Surgery

Quality Report

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Date of inspection visit: 8 November 2018
Date of publication: 11/01/2018

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

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 13 August 2015– Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced inspection at Mountfield Surgery on 8 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. For example, a
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice provided a Monday to Friday morning non appointment based walk in service. People spoke positively about how this allowed them to access care and treatment in a way and at a time that suited them.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- We saw examples of compassionate, inclusive and effective leadership.

We saw two areas of outstanding practice:

- One of the practice nurses was an experienced, former district nurse. She coordinated care for elderly, housebound and vulnerable patients and had a proactive programme of scheduled home visits which integrated with the local hospital's

Summary of findings

admission avoidance team. A monthly vulnerable patients multidisciplinary team meeting fed into this programme and was also used to review safeguarding concerns.

- The practice provided a Monday to Friday morning non appointment based walk in service. Patients spoke positively about how they could access appointments in a way and at a time that suited them.

  Clinicians spoke positively about the impact of both of these initiatives on the practice's avoidable admissions performance (which was in the lowest quartile for the CCG area). For example, CCG wide average performance on avoidable admissions was 8.12 patients per 1,000 compared with the practice's performance of 2.73 patients per 1,000 (as of November 2017).

The areas where the provider **should** make improvements are:

- Introduce a programme of formal clinical audit, so as to drive a more proactive structured and evidence based approach to improving patient outcomes.
- Continue to monitor recent actions taken to widen its patient participation group membership.
- Monitor recently introduced improvements to how learning from significant events is shared.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

The Mountfield 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 two GP specialist advisers.

Background to The Mountfield Surgery

The Mountfield Surgery is located in Finchley, London Borough of Barnet, North London. The practice has a patient list of approximately 4,500 patients. Twenty percent of patients are aged under 18 (compared to the national practice average of 21%) and 17% are 65 or older (compared to the national practice average of 17%). Forty two percent of patients have a long-standing health condition and practice records showed that 1% of its practice list 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 Personal Medical Services contract with NHS England. This is a locally agreed alternative to the standard General Medical Services contract and includes additional services beyond the standard contract.

There are currently two partner GPs and two salaried GPs (3 female and 1male), two female nurses, a business manager and a team of reception/administrative staff.

The practice's opening hours are:

- Monday to Friday: 7:30am - 6:30pm

The practice offers a walk in service enabling patients to be seen by a GP or nurse between 8am -10.15 am Monday to Friday. Patients are not required to make an appointment or phone in advance.

Outside of the above times, cover is provided by an out of hours provider.

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

Diagnostic and screening procedures; Family planning; Treatment of disease, disorder or injury;

Maternity and midwifery services.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. For example, a
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out DBS
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

We looked at systems for the appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing and we saw evidence of how it had worked with the local CCG in order to support good antimicrobial stewardship.
- We looked at the arrangements for monitoring patients being prescribed high risk medicines. These medicines have a narrow therapeutic range meaning that small differences in dosage can result in increased risk to patients. They therefore require careful monitoring because of the potential for substantial harm.

  We reviewed the records of two patients prescribed Methotrexate and found that appropriate monitoring was taking place. However, when we looked at the records of two patients prescribed Warfarin we noticed that although dosage was determined by the patients' hospital, this was not documented in one of the records.

Good

Are services safe?

Shortly after our inspection we were advised that the record had been updated, that the practice had discussed and revised its protocol for monitoring high risk medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues including fire safety and Legionella (a term for a particular bacterium which can contaminate water systems in buildings).
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff were aware of the system for recording and acting on significant events and incidents although these were not centrally located. For example, we noted that GPs were not routinely sharing incidents recorded in their personal appraisal folders. We were advised that the provider would shortly amend its significant events protocol to improve how learning from significant events was shared.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example, following an incident whereby a used flu jab had been found on a desk, records showed that the incident had been discussed with clinical and non clinical staff and that new protocols had been put in place to improve safety. These included non clinical staff ensuing that sharps boxes were available and clinical staff ensuring that devices were disposed of as soon as vaccination was given.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts (such as a 2016 patient safety alert on home visits which had triggered a review of the practice's home visit protocol).

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Before our inspection we noted that the latest published practice performance on antibiotic and hypnotic prescribing (2015/16) were above local and national levels. However, during our inspection we were shown CCG data which confirmed a narrowing of performance between Q1 2016/17 and Q1 2017/18.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. For example, a member of the nursing team undertook weekly scheduled home visits for elderly, housebound and vulnerable patients which were integrated with the local hospital's admission avoidance team.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Before our inspection we noted that the percentage of patients with diabetes, on the register, whose last measured total cholesterol level was within the required range was 68% (compared with the respective 78% and 80% CCG national averages). The practice was aware of performance in this area and was taking action. For example a Diabetes Awareness Event had taken place in February 2017 to improve performance along with ongoing patient recall activity inviting patients to attend annual reviews.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 82%, which was above the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Good

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 91%; national 89%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 98%; CCG and national 95% (rounded)).
- A mental health liaison worker was based at the practice once a week and was available to discuss referrals. Clinicians spoke positively about how this supported their understanding of mental health issues and locally available resources.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. The overall exception reporting rate was 3% compared with a national average of 6%. QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

- The practice used information about care and treatment to make improvements. For example, in March 2016 the practice identified a low prevalence of diabetes and Chronic Obstructive Pulmonary Disease (COPD is an umbrella term used to describe progressive lung diseases such as chronic bronchitis) compared with what would be expected given the local demographic and patient profile. Following a range of interventions such as clinical discussion and continued ongoing patient recall, data from March 2017 highlighted that prevalence rates had increased for both clinical areas. However, we noted that the audit objectives, cycles and methodology had not been fully documented and that the audit did not form part of a wider needs driven programme of clinical audit.
- The practice was actively involved in such as medicines optimisations activity and electronic prescribing usage audits (the latter of which highlighting that the practice had the second highest usage in the CCG area).

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, nursing staff (whose role included immunisation and taking samples for the cervical screening programme) had received specific training and their records clearly demonstrated how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Good

Are services effective?

(for example, treatment is effective)

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example stop smoking and tackling obesity campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. We noted that 287 surveys were sent out and 117 were returned. This represented about 3% of the practice population. Practice performance was comparable with others regarding satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 83%; national average - 86%.
- 88% of patients who responded said the nurse was good at listening to them; (CCG) - 88%; national average - 91%.
- 87% of patients who responded said the nurse gave them enough time; CCG - 90%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 88%; national average - 91%.
- 83% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers as part of patient registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (about 1% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. This included referrals to the local carers umbrella organisation as necessary.

Good

Are services caring?

- Staff told us that if families had experienced 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.

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 generally in line with local and national averages:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 82%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs for example offering a morning walk in service which did not require appointments.
- The practice offered online repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, offering anxious patients the opportunity to be seen at the start or end of surgery when there were fewer people present.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- One of the practice nurses undertook weekly home visits to proactively manage the needs of older patients with complex medical issues and flag up areas of concern to GPs as necessary.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. GPs accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- One of the practice nurses undertook weekly home visits to proactively manage the needs of patients with complex medical issues and flag up areas of concern to GPs as necessary.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with local health professionals.
- The practice had undertaken prevalence exercises to ensure that patients with long term conditions such as diabetes and COPD were being identified and treated.

Families, children and young people:

- The practice had systems 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 accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, offering a morning walk in service.
- Telephone based GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

People experiencing poor mental health (including people with dementia):

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- A mental health liaison worker was based at the practice once a week and was available to discuss referrals.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. We noted that 287 surveys were sent out and 117 were returned. This represented about 3% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses.

- 84% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 86%.
- 91% of patients who responded said they could get through easily to the practice by phone; CCG – 67%; national average - 71%.
- 65% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 53%; national average - 56%.
- 87% of patients who responded said their last appointment was convenient; CCG - 77%; national average - 81%.
- 77% of patients who responded described their experience of making an appointment as good; CCG - 68%; national average - 73%.
- 67% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

The above satisfaction scores also aligned with completed CQC comment cards which consistently highlighted that people could access services and appointments in a way and at a time that suited them; and also that the telephone and online systems were easy to use and supported people to make appointments, bookings or obtain advice or treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a patient complaint alleging that incorrect information had been relayed about local Hub opening times, the next scheduled staff meeting had reiterated the importance of providing clear and concise information to patients.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- We saw examples of compassionate, inclusive and effective leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned and monitored its services to ensure it met the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff teams were considered valued members of the practice team. The nursing team spoke positively about how they were given protected time for professional development and evaluation of their clinical work. Administrative staff spoke positively about how clinical leaders had funded lunchtime aerobics classes to promote their physical and mental well-being.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

Good

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

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through prescribing audits. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients although we did not see evidence of a strategy for using clinical audits to drive improvements in patient outcomes.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses for example regarding the introduction of a clinical audit strategy.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had recently worked with Barnet Healthwatch to explore different options for widening its patient participation group membership.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.