

East Finchley Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at East Finchley Medical Centre on 27 July 2015. The overall rating for the practice was good. Within that overall rating the practice was rated as requires improvement for providing safe services. This was because it was not meeting some legal requirements in relation to infection prevention and control arrangements at the practice. The full comprehensive report of the July 2015 can be found at www.cqc.org.uk/location/1-556330457.

This inspection on 23 May 2017 was an announced comprehensive inspection and was carried out to confirm that the practice completed their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 27 July 2015. This report covers our findings in relation to those requirements.

Overall the practice is rated as good.

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

- The practice had clearly defined and embedded systems to minimise risks to patient safety, including infection prevention and control.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. Patients were less satisfied with the practice's opening times, compared with local and national averages.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Put in place policy and procedures to guide staff in the handling of notifiable safety incidents in accordance with the duty of candour.
- Keep under review the changes the practice is making so that patients' satisfaction with the practice's opening hours is improved.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the 2015-16 Quality and Outcomes Framework showed some patient outcomes were below average compared to the national average. The practice demonstrated that outcomes had improved in 2016-17 due to increased nursing capacity and new ways of working. The improvements were being sustained into 2017-18.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for the caring aspects of the service they received.

Summary of findings

- Survey information we reviewed showed that 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 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 good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example the practice had more patients in the 25 to 39 years age ranges than the England average, and the GP partners' areas of interest included paediatrics and women's health. The practice was trialling the NHS MyGP app with patients to improve access to the service.
- Patients we spoke with said they found it easy to make an appointment with a named GP, subject to a longer wait for routine appointments, and there was continuity of care. Urgent appointments were available the same day and / or the GP would speak to you by phone.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour and encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice was developing further the role of the patient participation group in improving services.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible, for example over 75 health checks and referrals to Barnet Wellbeing Hub, which utilised a social prescribing model to support people to become more involved in community activities and to access a range of community base support services.
- The practice identified patients with enhanced needs as Golden Patients. These patients were flagged on the electronic patient record to alert all staff to their needs, for example to be seen by a particular member of staff or GP, for a double appointment, or to be seen in the downstairs accessible consulting room.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from the 2015-16 Quality and Outcomes Framework showed the practice performed below the national average for some diabetes indicators. The practice demonstrated that increased nursing capacity and new ways of working had led to improved outcomes in 2016-17 which were being sustained into 2017-18.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example children on the child protection register and looked after children.
- The practice had achieved the national expected coverage of childhood vaccinations of 90% in the last two quarters of 2016-17, and was sustaining these rates into 2017-18.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group, for example, in the provision of ante-natal and post-natal checks, and the six week baby check.
- Young children were automatically given an urgent appointment.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations 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, extended opening hours on Monday and Tuesday mornings.
- 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. It was trialling the NHS MyGP app with patients to improve access to the service.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice identified patients with enhanced needs as Golden Patients. These patients were flagged on the electronic patient record to alert all staff to their needs, for example to be seen by a particular member of staff or GP, or for a double appointment, or to be seen in the downstairs accessible consulting room.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. For example, they 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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015-16, which was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example 78% of patients with psychoses had their alcohol consumption recorded in 2015-16 which was comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 81% of patients with psychoses had a comprehensive, agreed care plan documented in the record in 2015-16, which was comparable to the 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 living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. An advisor from Dementia Care held a monthly session at the practice.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. They were proactive in recognising changes in patients' behaviour or circumstances and raising this with the GPs.

Summary of findings

What people who use the service say

The national GP patient survey results were published in Jul 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy three survey forms were distributed and 118 were returned. This represented two percent of the practice's patient list.

- 66% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 76%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards, 21 of which were wholly positive about the standard of care received. These patients described the staff as caring and kind and said the doctors listened and were thorough. They said they always got the right treatment and care at the right time. One patient said they felt rushed in their consultation, and another patient said their treatment was not explained to them.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

East Finchley 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 two CQC GP Specialist Advisors (SpA), one of whom was a new SpA and was shadowing the inspection as part of their induction.

Background to East Finchley Medical Centre

East Finchley is an area in North London, and East Finchley Medical Centre is one of the 62 member GP practices in NHS Barnet Clinical Commissioning Group (CCG).

The practice is located in the ninth less deprived decile of areas in England. At 83 years, male life expectancy is above the England average of 79 years. At 86 years, female life expectancy is above the England average of 83 years. Compared to the Outer London average, Barnet has a higher proportion of people within the White ethnic group: 58% and 61% respectively.

The practice has approximately 6,500 registered patients. It has more patients in the 25 to 39 years age ranges than the England average, but otherwise has a practice age distribution similar to the England average. Services are provided by East Finchley Medical Centre under a General Medical Services (GMS) contract with NHS England.

The practice is housed in a converted residential property. The premises have been adapted to meet the needs of the practice and its patients. There is level access to the practice, and the waiting area and ground floor treatment room are accessible to wheelchair users. There is a

disabled toilet. There are three consulting rooms, one on the ground floor and two on the first floor. There is no lift, however any patient can consult with their doctor in the accessible treatment room where required.

The three GP partners work at the practice, two full time and one part time, and all female. There is a part time practice nurse (0.42 whole time equivalent or WTE); a full time practice nurse trainee (a qualified nurse completing a conversion course so that they can work in primary care instead of hospitals); and a part time healthcare assistant who also is the practice secretary: they work 31 hours a week (0.83WTE) in their combined role. The clinical staff are supported by a team of secretarial, administrative and receptionist staff headed up by full time practice manager and a part time (0.69 WTE) senior receptionist. The practice manager and practice nurse had both started at the practice within the last 12 months.

The practice's opening times are:

- 8.00am to 6.00pm Monday, Tuesday, Thursday and Friday. The telephones are not answered between 12.30pm and 3.00pm.
- 8.00am to 12.30pm on Wednesday.
- Extended hours appointments were available with the practice nurse and healthcare assistant between 7.00am and 8.00am on Tuesday and Wednesday.

Patients contacting the practice outside its opening times, and between 12.30pm and 3.00pm on Monday, Tuesday, Thursday and Friday are directed to an out of hours GP service.

East Finchley Medical Centre is registered with the Care Quality Commission to carry on the following regulated

Detailed findings

activities at 39 Baronsmere Road, East Finchley, London N2 9QD: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures, and Treatment of disease, disorder or injury.

We previously carried out an announced comprehensive inspection at East Finchley Medical Centre on 27 July 2015. The overall rating for the practice was good. Within that overall rating the practice was rated as requires improvement for providing safe services. This was because it was not meeting some legal requirements in relation to infection prevention and control arrangements. The full comprehensive report of the July 2015 can be found at www.cqc.org.uk/location/1-556330457.

Why we carried out this inspection

We undertook a comprehensive inspection of East Finchley Medical Centre 27 July 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, and within that was rated requires improvement for providing safe services. This was because the practice was not meeting some legal requirements. The full comprehensive report following the inspection in April 2016 can be found at www.cqc.org.uk/location/1-556330457.

We undertook a follow up comprehensive inspection of East Finchley Medical Centre on 23 May 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 23 May 2017. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, healthcare support worker/secretary, practice manager, senior receptionist, receptionist/administrator) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

At our previous inspection on 27 July 2015, we rated the practice as requires improvement for providing safe services. This was because there were shortfalls in the practice's arrangements in respect of infection prevention and control.

These arrangements had significantly improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system 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.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the need for a lead clinician for shared nurse clinics was identified, to be responsible for ensuring samples were sent for testing in a timely way.
- The practice also monitored trends in significant events and evaluated any action taken.
- There had been no incident that could have resulted in, or appeared to have resulted in significant harm to a patient that would have required the practice to inform the patient about the incident 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.
- Staff demonstrated awareness of the duty of candour, however there was no written guidance available for staff, and the incident recording form did not support the recording of notifiable incidents under the duty of candour.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child protection or child safeguarding level three.
- 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead. They had recently completed training to support them in this role. There was an IPC protocol and staff had received up to date training. The IPC protocol had been amended to ensure that urine samples were disposed of down the toilet and not the sink. This was a recommendation we had made at our previous inspection.
- Annual IPC audits were being undertaken, the last one in May 2017, and we saw evidence that action was taken to address any improvements identified as a result.
- Training for the IPC lead and the completion of annual IPC audits were requirements we had made at our previous inspection.

Are services safe?

The arrangements in the practice for managing medicines, including emergency medicines and vaccines, minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw some new PGDs had not been signed by the practice to authorise the practice nurse to use them, and this was remedied by the provider within 24 hours of the inspection.
- Health care assistants were trained to administer vaccines and medicines, and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and had last carried out a fire drill in May 2017. There was a designated fire warden within the practice.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consulting and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training appropriate to their role and there were emergency medicines available in the nurse's room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. An accident book was 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through outcomes monitoring and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results, for 2015-16, were 81% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The practice showed us this they had improved this to 90% in 2016-17, and that improvements were being sustained in to 2017-18. These improvement reflected:

- The effective assimilation of a new practice nurse and practice manager into the team and new ways of working.
- Additional nursing capacity in the form of a practice nurse trainee (a qualified nurse working at the practice as part of completing a conversion course to switch from working in hospitals to working in general practice).
- Additional targeted services, for example blood pressure clinics.

Exception reporting was similar to local and national averages (practice 4%, CCG 5%, England 6%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice was an outlier for diabetes related indicators in 2015-16, however there had been improved performance in 2016-17 and this improvement was being sustained in to 2017-18:

- The percentage of people with diabetes in whom the last IFCC-HbA1C (a measure of blood sugar levels) is 64 mmol/mol or less in the preceding 12 months in 2015-16 was 62% (CCG average national average 78%). In 2016-17 this was increased to 70% and at the time of the inspection (May 2017), was at 70%.
- The percentage in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 49% (CCG average 76%, national average 78%). In 2016-17 this was increased to 60% and at the time of the inspection (May 2017), was at 61%.
- The percentage whose last measured total cholesterol within the preceding 12 months is 5 mmol/l or less was 55% (national average 80%). In 2016-17 this was increased to 60% and at the time of the inspection (May 2017), was at 59%.

There was also sustained improvement for two other indicators where the practice had been an outlier in 2015-16:

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 63% (CCG average 81%, national average 83%). In 2016-17 this was increased to 67% and at the time of the inspection (May 2017), was at 64%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 48% (CCG average 92%, national average 90%). In 2016-17 this was increased to 91%.

The practice was not an outlier for mental health related indicators in 2015-16. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 81% (CCG average 91%, national average 88%).

There was evidence of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- There had been six clinical audits commenced in the last two years, and two of these were completed audits where the improvements made were implemented and monitored, including:
 - Metformin is a medicine used for some diabetic patients to control blood sugar levels. There are national guidelines about the safe use of this medicine for patients with impaired kidney function. The practice's audit showed the number of patients at risk had been reduced from five to two over a four month period, and that a system was in place to ensure patients at risk were identified and their care reviewed on a regular basis.
 - There are national guidelines about the treatment of patients diagnosed with osteoporosis, for example in respect of calcium replacement therapy and bone density testing (DEXA scan). The practice's audit showed improvements had been made so that the number of patients diagnosed with osteoporosis that were not receiving optimal treatment had been reduced from 82 to one over a 12 month period, and that a system had been put in place to ensure patients discharged from hospital with a diagnosis of osteoporosis were correctly added to the practice's osteoporosis register.
- Findings were used by the practice to improve services. For example, recent action taken as a result included:
 - Following a review of 2 Week Wait referral rates, the practice was increasing the use of the teledermatology service by which a consultant can view a photo of a patient's skin and provide advice, saving the patient a journey to the hospital.
- 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. There were support mechanisms in place for the practice nurse who had recently completed the conversion course from hospital nursing to primary care nursing, and professional development was provided to the healthcare assistant.
- 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 online 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 and nurses. All staff were scheduled to complete an appraisal with the new practice manager by the end of June 2017.
- 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.
- From the sample of two documented examples we reviewed we found that 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

Information about patients' outcomes was used to make improvements such as increasing the number of diabetes and blood pressure checks carried out by the practice to improve the care of patients with these conditions.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

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

Are services effective?

(for example, treatment is effective)

moved between services, including when they were referred, or after they were discharged from hospital. The Barnet Integrated Locality Team (BILT) had been set up to promote multidisciplinary team working to support patients with complex needs better, and included the district nursing service, social care, therapies, and the Barnet Wellbeing Hub. The practice had met with BILT and planned to meet with them on a regular basis twice a year going forward.

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. The practice had regular meetings with the palliative care team.

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. Clinical staff had completed formal training on the Mental Capacity Act 2005. This was a recommendation we had made at our previous inspection.
- 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 assessed the patient's capacity. Where necessary, the practice worked with the patient's carer to make a decision about treatment in the patient's best interests.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, exercise, and smoking and alcohol cessation. There were exercise referral and smoking cessation services available locally.

- The practice nurse provided a weekly telephone triage session where patients could discuss their test results with them, for example blood sugar or cholesterol results, and get advice.

The practice's uptake for the cervical screening programme was 73%, which was comparable with the CCG average of 78% and the national average of 81%. There were failsafe systems 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.

The practice's uptake for breast cancer screening and for bowel cancer screening was also comparable to CCG and national averages (63% and 52% respectively). The practice was contacting patients who had not responded to the NHS offer of a FOB test (the screening kit for bowel cancer), to encourage them to undergo screening, to increase uptake of the test. It planned to re-audit uptake in September 2017 to see the effect of this contact on people's willingness to do the test.

Childhood immunisation rates in 2015-16 for the vaccinations given were below the national expected coverage of vaccinations of 90%. On average the practice had achieved 75% for childhood vaccinations up to Age 2. This had improved to 90% in the last two quarters of 2016-17, however, and at the time of the inspection (May 2017), was at 85%. The practice had achieved this improvement by making its systems for inviting families for childhood immunisations and for submitting details of vaccinations online more robust.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard by other patients.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a more private space in which to discuss their needs.
- The practice was mindful that all of the GPs were female and had considered how it would meet the needs of a patient requesting to see a male doctor. This was a recommendation we had made at our previous inspection. For example, the patient might be signposted to one of the Barnet GP access hubs or to a walk in centre. Staff we spoke with told us they had never had a request for a male doctor.

Twenty one of the 23 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient said they felt rushed and one patient said treatment was not explained well to them.

Other comments highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with four patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 71% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 80% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 79% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 88% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The practice nurse at the time of our inspection had been in post since February 2017.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from 21 of the 23 comment cards we received was also positive and aligned with these views. One patient however said they felt rushed during their consultation and another said treatment was not fully explained to them.

Are services caring?

We saw that care plans were personalised and that children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. They had completed formal equality and diversity training. These were recommendations we had made at our previous inspection. Information on the practice's website could be translated into other languages.
- One of the practice nurses could communicate with patients using British Sign Language and Makaton.

- Information leaflets, for example the invitation sent to people with a learning disability to have an annual health check, were available in easy read format.
- The practice provided double appointment slots where extra time was needed by the patient to be involved in decision making.
- The practice hosted a monthly Dementia Care advice session for patients, and the Barnet Wellbeing Hub link worker was based at the practice once a week. Barnet Wellbeing Hub utilised a social prescribing model which aimed to support people to become more involved in community activities and to access a range of community base support services.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 129 patients as carers (two percent of the practice list). Written information was available to direct carers to the various avenues of support available to them and the practice made referrals for a carer's assessment by the local authority when needed.

Staff told us that if families had experienced bereavement, the practice wrote to them to offer their condolences and support. The practice provided information and advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours appointments on a Monday and Tuesday morning between 7.00am and 8.00am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and others who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities including a hearing loop and disabled toilet, and interpretation services were available.
- Patients requiring enhanced access to services were called Golden Patients and they were flagged on the practice computer system so that all staff were alerted to their needs.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, a patient could see any GP in the ground floor consulting room.

Access to the service

The practice's opening times were:

- 8.00am to 6.00pm Monday, Tuesday, Thursday and Friday. The telephones were not answered between 12.30pm and 3.00pm.
- 8.00am to 12.30pm on Wednesday.
- Extended hours appointments were available with the practice nurse and healthcare assistant between 7.00am and 8.00am on Tuesday and Wednesday.

Patients contacting the practice outside its opening times, and between 12.30pm and 3.00pm on Monday, Tuesday, Thursday and Friday were directed to an out of hours GP service.

Appointments were available throughout the day. Appointments could be pre booked up to two weeks in advance and urgent appointments were available for patients that needed them. The practice offered GP triage and telephone consultations to patients requesting an urgent appointment.

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

- 50% of patients said they could get through easily to the practice by phone compared with the CCG average of 66% and the national average of 73%.
- 65% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 72% and the national average of 76%.
- 82% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 70% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

However patients' satisfaction with the practice's opening hours was low: 52% compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%. The practice was preparing to move to opening five full days a week in October 2017 as part of a local enhanced service agreement, and was reviewing its telephone operating hours.

Patients in five of the 23 CQC comments card we received said they always got an appointment when they wanted one; two patients commented the phone lines were busy; and one patient commented they were unhappy waiting two to three weeks for a non-urgent appointment.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a telephone GP triage system in place to assess:

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

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.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that a patient information leaflet was available in the reception area to help patients understand the complaints system. There also information about the complaints procedure on the practice website.

We looked at four complaints received in the last 12 months and found the practice had provided patients with truthful information and a written apology, and told them about any actions to improve processes to prevent the same thing happening again where appropriate. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice was installing an electronic document management system to ensure a robust audit trail was maintained showing how it received and acted on correspondence from other services, for example hospital discharge letters.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values. The plans included time to consolidate the new team and ways of working (the practice manager and practice nurse had both been recruited within the previous 12 months), and developing the premises to enable the practice to become a training practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example one of the partners was the palliative care lead for the practice, the practice manager was the lead for complaints and information governance, and the practice nurse was the infection control lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was being maintained following the implementation of new systems and processes by the new practice manager and practice nurse. Practice meetings were held every two months which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, including acting on feedback from staff, routine and ongoing safety checks and monitoring, and learning from significant events.
- We saw evidence from minutes of meetings that there was a structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

The provider was aware of the requirements of the duty of candour. (The duty of candour, or DoC, is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment), however formal systems to ensure compliance with the DoC were not in place, for example the significant/critical event tool and significant event master form did not support the recording of notifiable incidents under the DoC. While the DoC had been discussed with staff in practice meetings there had been no formal training for staff, for example on communicating with patients about notifiable safety incidents. There had been no incident that could have resulted in, or appeared to have resulted in significant harm to a patient that would have required the practice to inform the patient about the under the duty of candour.

The partners encouraged a culture of openness and honesty, for example in its response to complaints. From the sample of four documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the practice gave people truthful information and a written apology.

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. The practice was developing the use of shared care records so that

Are services well-led?

Good 

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

different agencies involved in a patient's care had access to the same information. GPs had quarterly meetings with safeguarding agencies to monitor vulnerable families and safeguarding concerns.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through a virtual patient participation group (PPG) of some 50 patients who were in receipt of a six-monthly newsletter, and surveys and complaints received. A detailed action plan was in place to develop the role of the PPG further. The practice was working with the umbrella organisation for the local voluntary and community sector in Barnet to achieve this. A meeting of the PPG was planned for July and work as in

hand to develop a PPG constitution, aims and objectives, and to elect a chairperson. Strengthening the role of the PPG was a recommendation we had made at our previous inspection.

- The NHS Friends and Family test, and compliments and complaints received on the NHS Choices website. The practice responded to reviews left on the website.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw a number of examples where their positive engagement was encouraged and their suggestions were acted on, for example to improve the way in which the practice responded to patients completing the online depression screening questionnaire and to meet higher patient demand for appointments experienced on Mondays better by having more GP triage slots available. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients locally in the area. It had applied to be a GP hub offering weekend and evening appointments to patients and was preparing to move to opening five full days a week as part of a local enhanced service agreement. It was trialling the NHS MyGP app with patients to improve access to the service.