

Heathfelde Medical Centre

Quality Report

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Date of inspection visit: 9 February 2016

Date of publication: 12/07/2016

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 carried out an announced comprehensive inspection at Heathfelde Medical Centre on 9 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with urgent appointments available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- To reflect on, and seek to improve, performance relating to patient satisfaction, as identified in the practices' results from the GP patient survey, and to undertake quality improvement activities.
- To add emergency contact numbers for staff to the business continuity plan so that staff can be contacted in an emergency.

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



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, the practice was only able to provide one completed two cycle audit where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, meeting agendas and minutes recording was limited.

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 higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patient satisfaction, identified in the GP patient survey, was below CCG and national average in a number of areas.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included being part of a network of GP Practices in the area enabling patients to be seen between 8.00am to 8.00pm Monday to Friday, and Saturday and Sunday mornings.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included: arrangements to monitor and improve quality and identify risks; practice policies and procedures; and staff roles and responsibilities.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had created alerts on the computer system for “golden patients” (the most vulnerable patients registered with the practice). Golden patients were never turned away and staff were aware that they should always be offered a same day appointment or home visit.

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 chronic disease management and patients at risk of hospital admission were identified as a priority.
- 82% of patients with diabetes, on the register, had a last measured total cholesterol (measured within the preceding 12 months) of 5 mmol/l or less, this was comparable to the national average of 81%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. There was a need, however, for better records to be kept of these meetings.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- 79% of patients with asthma, on the register, had had an asthma review in the preceding 12 months (national average 75%).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of women aged 25-64 notes recorded that a cervical screening test had been performed in the preceding 5 years (national average 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 80% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months compared to a national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months (national average 90%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results, published on 2 July 2015, showed the practice was performing in line with local and national averages. Three hundred and three survey forms were distributed and 106 were returned. This represented 1.5% of the practice's patient list.

- 78% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 67% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 76% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 69% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Patients commented that staff treated them with care and concern and listened to them. Some patients commented that they believed that some clinics ran late because the GPs and staff were so busy.

We spoke with eleven patients during the inspection. All eleven patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some patients did mention long waits to be seen of over fifteen minutes. On the day of our visit most clinics were running less than 15 minutes behind schedule. The exception was due to complex patient needs being addressed to avoid the patient having to book another appointment.

Areas for improvement

Action the service **SHOULD** take to improve

- To reflect on, and seek to improve, performance relating to patient satisfaction, as identified in the practices' results from the GP patient survey, and to undertake quality improvement activities.
- To add emergency contact numbers for staff to the business continuity plan so that staff can be contacted in an emergency.

Heathfelde Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Heathfelde Medical Centre

Heathfelde Medical Centre provides primary medical services in Hampstead Garden Suburb to approximately 7300 patients and is one of 62 member practices in the NHS Barnet Clinical Commissioning Group (CCG).

The practice population is in the ninth least deprived decile in England. The practice has a higher than national average percentage of children under nine, working age people in the 30 to 39 age groups, and four percent of the patient population is over eighty-five years of age (national average 2%). There are below average numbers of younger people aged 10 to 29. The practice has surveyed the ethnicity of the practice population and found that 95% of patients identified as having white ethnicity and 5% Asian ethnicity.

The practice operates from a purpose built property with patient facilities on the ground, lower-ground, and mezzanine floors. Rooms on the ground floor are wheelchair accessible. There are offices for administrative and management staff on the lower ground floor. Both the mezzanine and lower ground floors are accessed via stairs.

The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally

required under the core GP contract). The enhanced services it provides include: childhood vaccination and immunisation scheme; extended hours access; influenza and pneumococcal immunisations; and minor surgery.

The practice team at the surgery is made up of three part-time female and three part-time male GP partners, between them working a whole time equivalent (WTE) of 4 doctors (29 sessions). The nursing team consists of two part-time female practice nurses (WTE 1). Heathfelde Medical Centre also employs two part-time female health care assistants (WTE 1).

There are three administrative and clerical staff and a full-time practice manager. In addition, there are eleven reception staff including two part-time reception supervisors and an apprentice working full-time.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30pm weekdays, and 2.00pm to 6.30pm Monday to Wednesday, and 2.30pm to 5.30pm Thursday and Fridays. Four telephone appointments are offered by each doctor after morning and afternoon surgeries. Extended surgery hours are offered from 7.30am until 8.00am Monday to Friday and 6.30pm to 7.00pm Monday and Tuesday. The practice does not open on a weekend. The practice has opted out of providing out of hours (OOH) services to their own patients between 6.30pm and 8.00am and directs patients to the OOH provider for Barnet CCG.

Heathfelde Medical Centre is registered as a partnership with the Care Quality Commission to provide the regulated activities of: surgical procedures; maternity and midwifery services; diagnostic and screening procedures; treatment of disease, disorder or injury; and family planning.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The practice had not previously been inspected by CQC.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016. During our visit we:

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

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a health care assistant (HCA) gave an expired blood glucose testing meter to a diabetic patient. The practice advised all the nurses and HCA's to check expiry dates on a regular basis and to remove any expired meters. Further to the duty of candour, the patient received an apology and they were given a replacement meter.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who

acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The staff rota was prepared a month in advance, and holidays were arranged to avoid shortages of staff.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen with adult and paediatric masks. It also had a defibrillator with adult pads, but there were no paediatric pads. On being advised of this the practice immediately placed an order for paediatric pads. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan did not, though, include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014-15 showed:

- Performance for diabetes related indicators was better than the national average. For example 94% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months, compared to a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests at 88% was better than the national average of 84%.
- Performance for mental health related indicators was better than or comparable to the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months (national average 90%).

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (national average 88%).
- 80% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months (national average 84%).

There were areas of concern regarding QOF outcomes in the following areas:

- The practice was prescribing 11% of two particular broad spectrum antibiotics compared to the national average of 5%. The practice told us that this was due to consultant led direction to prescribe particular medicines to be fulfilled by the patients' GP.
- The number of ibuprofen and naproxen items prescribed as a percentage of all non-steroidal anti-inflammatory drugs prescribed was 48% (national average 77%). The practice advised that it had a larger than average older population and did not prescribe these medicines to patients over 65 or where there were gastric issues.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits undertaken in the last two years. However, we were only provided with one completed two-cycle audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of calcium and vitamin D deficiency. At the end of the first cycle the practice had identified 268 patients who would benefit from calcium and vitamin D supplements. The practice was offering patients in this group the supplements although some had refused as they were buying the supplements themselves.

Effective staffing

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

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

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they

were discharged from, hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis, though the minutes we saw were brief. Care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and any unplanned patient admissions were followed up. Patients were then signposted to the relevant service.
- Smoking cessation advice was available on the premises and a dietician was available via a local support group.

The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 90% and five year olds from 67% to 92%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the twenty patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 79% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 76% said the GP gave them enough time (CCG average 84%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 75% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 76% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and reflected those views.

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

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).
- 73% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

One area of concern from the GP patient survey was:

- Patient satisfaction, identified in the GP patient survey, was below CCG and national average in a number of areas.
- 75% of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (national average 90%). The practice manager had met with the nurses to discuss patient feedback and explained the need to treat patients with care and concern.

Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 209 patients (2% of the practice list) as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of a local GP Federation, a network of GP Practices in the area enabling patients to be referred to other local practices for appointments from 8.00am to 8.00pm Monday to Friday, and Saturday and Sunday mornings.

- The practice offered a 'Commuter's Clinic' on a Monday and Tuesday evenings until 6.30pm and 7.30am-8.00am Monday to Friday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available, but there was no a hearing loop for deaf patients.
- There were weekly baby clinics as well as same day appointments reserved for children under five years of age. If all such appointments were taken the practice offered emergency appointments to ensure children were seen on the same day.
- The practice had created alerts on the computer system for "golden patients" (the most vulnerable patients registered with the practice). Golden patients were never turned away and staff were aware that they should always be offered a same day appointment or home visit.
- The practice provided care for a fifty patient nursing home. A GP attended weekly ward rounds, and was joined once a month by a consultant geriatrician from Barnet General Hospital for joint ward rounds.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm weekdays, and 2.00pm to 6.30pm Monday to Wednesday, and 2.30pm to 5.30pm Thursday and Fridays. Four telephone appointments were offered by each doctor after morning and afternoon surgeries. Extended surgery hours were offered from 7.30am until 8.00am Monday to Friday and 6.30pm to 7.00pm Monday and Tuesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 78% patients said they could get through easily to the surgery by phone (national average 73%).
- 26% patients said they always or almost always see or speak to the GP they prefer (national average 37%).

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system together with leaflets and complaints boxes in reception.
- The practice showed us its compliments book that patients used to record examples of good care and service.

We looked at ten complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For

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

example, a patient complained about an error in the data entry for their record, a member of staff had entered the

wrong date for a letter. The member of staff, and all other staff and supervisors, were advised of the importance of accurate data entry. The patient received a written and verbal apology.

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 and staff knew and understood the values, but it was not displayed in the waiting areas.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit which was used to monitor quality and to make improvements. Though, there was a lack of completed two cycle audits within the last two years.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG identified the need to encourage patients to book appointments and request repeat prescriptions online, to ease pressure on phone contact with the practice. To publicise online appointment booking and prescription services the practice displayed posters in reception and advised patients of the benefits both on new registration and during consultations. Take-up of online booking and prescription requests was starting to become more common.
- The practice had gathered feedback from staff through social events and generally through staff meetings, appraisals and group discussion. Both clinical and

Are services well-led?

Good 

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

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was participating, as part of a network, in a pilot scheme to enable patients to have booked routine appointments up until 8.00pm on Monday and Friday evenings and on Saturday and Sunday mornings.