

# Watling Medical Centre

## Quality Report

108 Watling Ave  
Burnt Oak,  
London  
HA8 0NR

Tel: 020 8906 1711

Website: [www.watlingmedicalcentre.co.uk/](http://www.watlingmedicalcentre.co.uk/)

Date of inspection visit: 28 July 2016

Date of publication: 25/10/2016

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	5
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Watling Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Watling Medical Centre on 28 July 2016. Watling Medical Centre comprises a main location based in Burnt Oak, London Borough of Barnet and a branch location (approximately four kilometres away) based in Stanmore, London Borough of Harrow. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed with the exception of those relating to legionella and the safe storage of vaccines.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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. For example, a Wellbeing service had been introduced which navigated patients to the right local organisation for support.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice. For example:

In 2014, the practice successfully applied for external funding to provide a Wellbeing Service to support patients' social needs in Burnt Oak; an area of high social deprivation. The service employs a navigator to map services (including community and voluntary services) across the local area and navigate patients to the right local organisation for support.

The service also supports vulnerable groups such as the frail elderly and vulnerable young families in areas such as benefit maximisation support for carers; social isolation, bereavement support and employment support. A community fair event had also been organised to raise awareness of relevant services and individuals amongst vulnerable local families.

Since February 2014, all patients over 16 years of age who have registered with the practice are asked to complete a mental wellbeing assessment based on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). A protocol is in place to ensure that scores are coded on the practice's clinical systems and the nursing team are trained to implement support based on individual scores. Clinicians spoke positively about the impact of the service on reducing the amount of time spent dealing with social issues. For example:

Between February 2014 and January 2016 1,368 patients completed the WEMWBS assessment 20% of whom had been directly referred to the Well Being service. The remaining 80% were supported by the nursing team with general wellbeing advice during the new patient health check.

In addition, between February 2014 and January 2016, 241 patients were referred to voluntary sector organisations. Reasons for referral included childcare support, immigration support, support for carers, social isolation, and bereavement support.

In March 2016, the practice introduced a health champion programme designed to motivate, empower and support patients to make healthier lifestyle choices and signpost them to relevant services/organisations. The health champion programme is the first of its kind in Barnet and one of the first nationally which is a partnership with a community organisation.

Feedback from clinicians has been positive; with many feeling that the health champions provide a valuable service within the practice which has reduced the number of patients asking for their advice about social issues. Reception staff and clinicians routinely signpost patients to health champions for advice/support. To date the programme has achieved:

- Eight volunteers trained and received an Introduction to Health Improvement Award through the Royal Society for Public Health.
- Two health champions volunteering at the practice two hours per week; signposting individuals to relevant services and supporting patients writing letters (for example to housing services).
- One Stroke champion peer support worker supporting individuals and their families/carers who have suffered a stroke.
- One hundred and forty eight patient contacts. These patients have been signposted to services such as housing advice, financial support, employment advice, carers support and smoking cessation.

The areas where the provider must make improvements are:

- Introduce staff Legionella training and a monthly temperature monitoring regime, in accordance with the recommendations of its January 2016 Legionella risk assessment.

The areas where the provider should make improvement are:

- Review systems in place for identifying and supporting carers.
- Review systems in place for ensuring the safe storage of vaccines.
- Consider how the practice's cervical screening uptake rate can be increased.

# Summary of findings

- Ensure that all non clinical staff receive annual basic life support training.

**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 requires improvement for providing safe services.

- Risks to patients were assessed and well managed with the exception of those relating to Legionella and the safe storage of vaccines.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. For example, the practice's Wellbeing Service signposted patients to services (including community and voluntary services) across the local area. An Easter Fair event had also been organised by the practice to raise awareness of relevant community organisations amongst vulnerable local families.
- Practice staff reviewed the needs of its local population and engaged with Barnet Clinical Commissioning Group to secure improvements to services where these were identified. For example, alternate Saturday morning appointments were offered.
- 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. For example, a wheelchair user spoke positively about accessibility.
- 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.

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 a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# 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 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 for example, having been involved in the recruitment of the recently appointed practice manager.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, the practice had worked with an older person's community organisations and identified that older people faced barriers to accessing services. The practice had therefore arranged for the community organisation to provide weekly drop in sessions for patients aged over 60 to provide information on local support services. We were told that the sessions had since been widened to include other relevant organisations. The practice undertook targeted mail outs; providing older patients with information about the wellbeing service and drop in sessions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. A number of pre bookable late morning appointments were also pre allocated to ensure patients had sufficient time to arrive at the practice.
- A register of older patients was maintained and all patients on the register had a care plan and had been given a direct phone number to a named GP.
- Records showed that patients who had required hospital admission were discussed at weekly multidisciplinary team meetings.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- We noted that the percentage of patients with diabetes in whom the last blood pressure reading was the target 140/80 mmHg or less was 71% (compared to the respective 76% and 78% national and CCG averages).
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- 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.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.

## **Families, children and young people**

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- 74% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared with 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. For example, the practice hosted a weekly Health Visitor clinic at its Burnt Oak main site.

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

**Good**



## **People whose circumstances may make them vulnerable**

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

**Good**



# Summary of findings

- In 2014, the practice introduced a Wellbeing Service to support patients' social needs, in recognition of the high levels of social deprivation in the area. The service employs a navigator to map services (including community and voluntary services) across the local area and navigate patients to the right local organisation for support.
- The service also supports vulnerable groups such as the frail elderly and vulnerable young families in areas such as benefit maximisation support for carers; social isolation, bereavement support and employment support.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.

## 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).

- 93% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the 84% national average.
- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) compared with 88% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

- 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.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. We noted that 315 survey forms were distributed and 113 were returned. This represented approximately 1% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good (compared to the national average of 85%).

- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area (compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were mostly positive about the standard of care received; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We spoke three patient participation group members during the inspection who fed back that they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Introduce staff Legionella training and a monthly temperature monitoring regime, in accordance with the recommendations of its January 2016 Legionella risk assessment.

### Action the service **SHOULD** take to improve

- Review systems in place for identifying and supporting carers.

- Review systems in place for ensuring the safe storage of vaccines.
- Consider how the practice's cervical screening uptake rate can be increased.
- Ensure that all staff receive annual basic life support training.

# Watling Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Watling Medical Centre

Watling Medical Centre comprises a main location based in Burnt Oak, London Borough of Barnet and a branch location (approximately four kilometres away) based in Stanmore, London Borough of Harrow. The combined patient list of 14,000 patients is split across the two sites. Twenty two percent of patients are aged under 18 (compared to the 21% national practice average) and 13% are 65 or older (compared to the national practice average of 17%). Fifty two percent of patients have a long-standing health condition and practice records showed that less than 1% of its practice list had been identified as carers.

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

The practice holds a General Medical Services contract with NHS England.

The staff team comprises six partner GPs (one female, five male providing 34 sessions per week across the two sites), four salaried GPs (four female, one male providing 19 sessions across the two sites), three female practice nurse (providing 12 sessions per week across two sites), a female health care assistant, a practice manager and administrative/reception staff.

The practice's opening hours are:

- Monday- Friday 8:30am-6:30pm (phone lines are closed 12:30pm-2pm except for medical emergencies).

The practice offers extended hours opening at the following times:

- Monday: 6:30pm – 7:30pm
- Saturday: Burnt Oak and/or Stanmore 9:30am-12:30pm (by appointment only)

Appointments are available at the following times:

- Monday: 8:30am-12:30pm and 1:30pm-7:30pm
- Tuesday–Friday: 8:30am-12:30pm and 1:30pm-6:30pm

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

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

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

The practice had not been previously inspected.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This location had not been inspected before.

# Detailed findings

## 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 28 July 2016.

During our visit we:

- Spoke with a range of staff (including partner GPs, the practice manager, salaried GP, nurse practitioner, administrators) 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 incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Fifteen significant events had been recorded in the previous 12 months and we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident whereby a patient referral had been sent to the local referral management service but not subsequently actioned, the practice had produced a patient leaflet with contact numbers. Patients who had had been referred were asked to contact the referral management service ten days after their referral, to ensure that it had been received and was being actioned.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and practice nurses to level 2. Non-clinical staff were trained child safeguarding level 1.

- 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. One of the practice nurses 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. An annual infection control audit had been undertaken at both locations in November 2015 and we saw evidence that action was taken to address any improvements identified as a result. For example, we saw that the practice had recently replaced flooring in clinical areas. We noted that a Legionella risk assessment had taken place in January 2016 and assessed the practice as being at medium risk of contamination by Legionella (a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had not acted on the risk assessment recommendations such as water temperature monitoring, staff training and lime scale removal from taps. We were advised that these areas would be addressed by November 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

## Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and 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 practice nurses to administer medicines in line with legislation. The practice's Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We identified concerns with the arrangements for managing vaccines at the Stanmore branch location in that on 4 March, 23 June and 27 July 2016 vaccines had been stored at between 10-11°C; and not between the required temperatures of 2-8°C, necessary to ensure their effectiveness. Given our concerns, we notified Public Health England of our findings.

Shortly after our inspection we were advised that the incident was the result of a staff error and sent details of the steps taken by the practice to ensure a more robust fridge temperature monitoring protocol. This included logging the incident as a significant event. We were also advised by Public Health England that their investigation had concluded that the fridge's vaccine contents were safe to use.

- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- With the exception of three non clinical staff members, all staff received annual basic life support training and there were emergency medicines available in the treatment room. We were advised that the training would take place by the end of November 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 95% of the total number of points available with 6% 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 87% which was below the national average of 89%.
- Performance for mental health related indicators was 88% which was below the national average of 93%.
- Performance for asthma related indicators was 99% which was above the national average of 97%.
- Performance for chronic obstructive pulmonary disease (or lung disease) was 97% which was below the national average of 98%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed within the last 24 months; three of which were completed audits where the improvements made were implemented and monitored.

Findings were used by the practice to improve services. For example, in April 2015, the practice undertook an audit to reduce its prescribing of Cephalosporins and Quinolones antibiotics (which it had identified were above Barnet CCG levels). Cephalosporins and Quinolones are known as broad spectrum antibiotics and NICE guidance recommends that they should be reserved to treat resistant disease.

The first stage of the audit highlighted that five patients were being prescribed Cephalosporins and Quinolones for Urinary tract infections (UTIs). Records showed that the practice's antibiotics prescribing policy was routinely discussed at clinical meetings and we noted that an April 2016 reaudit highlighted that none of the patients being treated for UTIs were being prescribed Cephalosporins and Quinolones.

Records showed that the practice also held quarterly Quality Improvement meetings to improve specific aspects of care and treatment. For example, the minutes of the July 2016 meeting highlighted that administrative and clinical staff had developed ideas for improving referrals systems, access to on line nurse appointments and self-referral to maternity services.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for staff reviewing patients with long-term conditions and/or using spirometry equipment.
- 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

# Are services effective?

## (for example, treatment is effective)

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. We noted that, with the exception of basic life support training for some non clinical staff, there was access to appropriate training to meet staff learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness 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.
- When we looked a selection of patient records we noted that practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Records showed that the practice had undertaken an audit to improve processes for ensuring that written consent was taken for joint injections.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 79% and 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 and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Records showed that the practice had also taken action to reduce the level of inadequate sample taking (for example, by ensuring that the nursing team attended annual training updates).

Childhood immunisation rates for the vaccinations given were comparable to the local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 82% and five year olds from zero to 92%. Local CCG averages ranged from 72% to 81% and zero to 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

## Are services effective? (for example, treatment is effective)

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

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

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

All of the 42 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 that staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards highlighted that reception staff responded compassionately when they needed help and provided support when required. For example, when we asked a nurse how they ensured that patients with a learning disability were treated with dignity and respect, they stressed the importance of recognising each patient's individual needs.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

On the day of the inspection, we discussed these findings with patients. They 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 the comment cards we received was also positive and aligned with these views.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available in easy read format.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified less than 1% 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 its local Clinical Commissioning Groups (CCGs) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Monday evening from 6:30pm-7:30pm for working patients, carers and others who could not attend during normal opening hours.
- Saturday morning appointments were also available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreting services available at both locations.
- The practice could accommodate gender specific GP consultation requests at both locations.
- On line appointment booking and repeat prescription facilities were available at both locations.
- Patients with impaired mobility were treated in ground floor consultation rooms. They told us that this preference was automatically highlighted on the practice's clinical system when they called the practice to make an appointment.
- In 2014, the practice successfully applied for external funding to introduce a Wellbeing Service to support patients' social needs in Burnt Oak. The service employs a navigator to map services (including community and voluntary services) across the local area and navigate patients to the right local organisation for support.

The service also supports vulnerable groups such as the frail elderly and vulnerable young families in areas such as benefit maximisation support for carers; social isolation, bereavement support and employment support.

- The practice had worked with an older person's community organisations and identified that older people faced barriers to accessing services. The practice had therefore arranged for the community organisation to provide weekly drop in sessions for patients aged over 60 to provide information on local support services. We were told that the sessions had since been widened to include other relevant organisations. The practice undertook targeted mail outs; providing older patients with information about the wellbeing service and drop in sessions.

### Access to the service

The practice's opening hours are:

- Monday- Friday 8:30am-6:30pm (phone lines are closed 12:30pm-2pm except for medical emergencies).

The practice offers extended hours opening at the following times:

- Monday: 6:30pm – 7:30pm
- Saturday: Burnt Oak 9:30am-12:30pm

Appointments are available at the following times:

- Monday: 8:30am-12:30pm and 1:30pm-7:30pm
- Tuesday–Friday: 8:30am-12:30pm and 1:30pm-6:30pm

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

In addition to pre-bookable appointments that could be booked up to six 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 local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them but highlighted that it was sometimes difficult to access the practice by telephone.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice manager told us that they were aware of concerns regarding phone access and that they had recently relocated the practice's incoming telephony services to one location, so as to increase the number of staff operating the phone system at peak times. We were also told that on line appointment booking and repeat prescriptions were advertised in reception and on the practice website, so as to reduce the number of incoming phone calls.

On the day of our inspection we looked at appointment availability on the practice's clinical system and saw that a same day urgent appointment was available. The next available routine appointment was the following morning.

The practice had a system and protocol 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.

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP

responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation according to clinical need.

## 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

Records showed that 21 complaints had been received between April 2015 and March 2016. We looked at a selectin of six complaints and found that these were dealt with in a timely and open manner. We saw evidence that lessons were learnt from individual concerns and complaints.

For example, following a complaint alleging that a member of reception staff has been rude, the practice arranged customer care training for the reception team. Records also showed that the practice undertook minuted annual reviews of complaints received and used this information to identify trends and improve the service.

# 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 provide high quality clinical and holistic services to patient. We saw evidence of how this approach was being delivered through for example the Well Being service and we noted that the practice had a robust strategy which reflected its vision and values; and which was regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

We saw evidence that the partners at the practice prioritised safe, high quality and compassionate care. Staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

- The practice 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 and supported in doing so. Team away days took place approximately every 18 months.
- 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. For example, PPG members had sat on the interview panel of the recently appointed practice manager.
- Staff spoke positively about an inclusive working culture.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had worked with the practice to develop ideas for improving phone access. We also noted that the PPG chair had sat on the recently appointed practice manager's recruitment and interview panel.
- The practice had gathered feedback from staff through staff away days and generally 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. For example, they told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Good 

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

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had introduced a wellbeing service to address the social needs of its patients.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Regulation 12 HSCA (RA) Regulations 2014  Safe care and treatment  How the regulation was not being met:  The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by: <ul style="list-style-type: none"><li>• Failing to undertake staff training and implement a monthly temperature monitoring regime, in accordance with the recommendations of its Legionella risk assessment.</li></ul> This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.