

# Dr Aman Raja

## Quality Report

Parklane Medical & Surgical Services  
625 Green Lanes  
N8 0RE  
Tel: 020 8340 6898

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Aman Raja (also known as Parklane Medical & Surgical Services) on 15 January 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, effective, responsive, well led and caring services. It also required improvement for providing services for older people, people with long term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.

- Risks to patients were assessed and managed, with the exception of those relating to fire safety and medical emergencies.
- Data showed patient outcomes were at or above the average for the locality.
- We saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- 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.
- Urgent appointments were usually available on the day they were requested.
- The practice did not have a website but arrangements were in place for booking appointments.
- The practice had a number of policies and procedures to govern activity and we noted that these had been reviewed within the last twelve months.

The areas where the provider must make improvements are:

# Summary of findings

- Undertake a fire safety risk assessment to ensure that adequate fire safety arrangements are in place.
- Ensure medical oxygen and other medicines for management of medical emergencies are available or undertake a risk assessment if a decision is made not to have a full range of emergency medicines available on the premises.
- Carry out criminal record checks on non-clinical staff who act as chaperones.

In addition the provider should:

- Ensure an automated external defibrillator (AED) is available on the premises or undertake a risk assessment if a decision is made not to have an AED on the premises.
- Introduce more frequent and minuted Patient Participation Group meetings (with annual action plans).
- Consider holding governance meetings more regularly and ensure meetings are minuted.

- Introduce a programme of clinical audit to drive improvement in performance and improve patient outcomes.
- Develop an action plan in light of national patient survey result which reported that only 63% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care (compared with the Haringey practice average of 77%).
- Develop an action plan to improve disabled access. We noted that the reception desk did not have a lowered section to accommodate wheel chair users. Also, the location of the practice's disabled toilet hindered access.
- Introduce a cleaning schedule for specific areas such as minor surgery and patient waiting area.

**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. Lessons were learned and communicated to support improvement but this action was not always formally documented. The practice had not undertaken a fire safety risk assessment and staff had not undertaken fire safety training. The practice held a limited range of medicines for the management of medical emergencies and there was no evidence that this decision had been based upon a written risk assessment. At the time of our inspection, the practice's Infection Prevention and Control (IPC) lead had not undertaken infection control training as part of their role. Some non-clinical staff who undertook chaperoning duties had not undergone appropriate Disclosure and Barring Service (DBS) checks. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses (including safeguarding concerns). We noted that the practice had addressed the infection control and vaccines storage concerns identified at our last inspection in February 2014.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services. There was no evidence that the practice was using completed clinical audits to improve patient outcomes.

Latest available data showed patient outcomes were at or above the average for the locality for aspects of diabetic care and chronic kidney disease. However, we also noted that child immunisations at twelve, twenty four and sixty months was generally at or below the average for the locality. There was no evidence of action being taken to address this performance. We were told that annual staff appraisals took place where performance was reviewed and training needs identified. However, these were not documented.

Requires improvement



### Are services caring?

The practice is rated as requires improvement for providing caring services. The 2014 national GP patient survey showed that 63% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care (compared with the Haringey practice average of 77%). Seventy one percent of respondents felt that the GP was good at explaining tests and treatments (compared with the Haringey practice average of 82%). There was no evidence of how the practice had used this information to improve care and treatment.

Requires improvement



# Summary of findings

Patients told us they were treated with compassion, dignity and respect. Information to help patients understand the services available was easy to understand. Patients told us that this helped them to make informed decisions about their care and treatment. We saw that staff treated patients with kindness, respect and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. The practice had a patient participation group (PPG) and explained how it had acted on patient concerns. However, we noted that the PPG did not have an action plan and that meetings were infrequent and not minuted. The practice did not have a website but we noted that on line appointments booking was available via the NHS Choices website. An online repeat prescription facility was not yet available.

The practice had disabled toilets but we noted that their location made access difficult. There was no evidence that action was being taken to address this.

Information about how to complain was available and easy to understand and we saw evidence that the practice responded quickly to issues raised. Staff told us that learning from complaints was shared and discussed but we noted that these discussions were not minuted.

**Requires improvement**



## Are services well-led?

The practice is rated as requires improvement for providing well led services. There was clear leadership and staff told us they felt supported by the GP. The practice had a number of up to date policies and procedures to govern its work and the services provided. However, we noted that the practice was not adhering to some of these policies (for example, regarding fire safety training and recruitment checks). There were some systems in place to identify and act on risk (for example an infection control audit had recently taken place). However, monthly team meetings where, we were told, risk monitoring took place were not minuted.

**Requires improvement**



# 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 requires improvement for the care of older people.

Staff demonstrated knowledge of consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people, such as diabetes. The practice was responsive to the needs of older people and offered, for example, home visits, rapid access appointments and extended appointment slots. Patients aged over 75 had their own named GP and were offered annual health checks. The practice performed better than the Haringey CCG average for dementia diagnosis rates.

The provider is rated as requires improvement for safe, effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. Longer appointments and home visits were available when needed. Patients had a named GP and the GP regularly reviewed patients on long term condition registers to check that their health and medication needs were being met. Patients with long term conditions told us that clinicians provided sufficient information to enable them to make informed decisions about their care and treatment. We saw evidence of how the practice worked with healthcare professionals such as district nurses to deliver a multidisciplinary package of care. We were told that a recently introduced Saturday clinic enabled the GP to provide extended appointment time for patients with long term conditions.

The provider is rated as requires improvement for safe, effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. Child immunisations at twelve, twenty four and sixty months were at or below average for the locality. There was no evidence of action being taken to address this.

**Requires improvement**



# Summary of findings

The practice had disabled toilets which were also large enough for pushchairs but we noted that their location made access difficult. Records showed that the GP regularly met with health visitors. Staff were aware of local safeguarding contacts and knew how to escalate concerns. Appointments were available outside of school hours.

The provider is rated as requires improvement for safe, effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The needs of the working age population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included telephone consultations and Saturday morning clinic. The practice offered a full range of health promotion and screening that reflected the needs of this age group. Health promotion material was available throughout the practice. We noted that the practice did not have a website and that on line repeat prescriptions were not offered.

The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



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

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. Patients with a learning disability were offered annual health checks and longer appointments. Staff knew how to recognise signs of abuse in vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, recording safeguarding concerns and how to contact relevant agencies both during and out of normal working hours. The practice had a disabled toilet but we noted that its location made access difficult.

Records showed that within the last twelve months, the GP had attended specialist training to enhance how care was provided to vulnerable groups such as patients with learning disabilities and those experiencing substance misuse problems.

**Requires improvement**



# Summary of findings

The provider is rated as requires improvement for safe, effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice kept a register of patients experiencing poor mental health. The practice offered flexible appointments such as Saturday morning appointments when the practice was less busy. We were told that this was preferred by many patients experiencing poor mental health. The practice also had a range of systems in place to support patients presenting with acutely poor mental health. For example, it routinely referred patients experiencing poor mental health to specialist voluntary sector organisations and counselling services.

The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**





# Summary of findings

## What people who use the service say

During our inspection, we spoke with four patients. Overall, they were happy with the care and treatment they received, and with the practice environment. They were also positive about staff; with key themes being that they were compassionate and helpful. We also looked at twelve patient comment cards which had been completed by patients in the two week period before our inspection and enabled patients to record their views on the practice. Feedback was uniformly positive.

The NHS England national patient survey 2014 highlighted that 93% of respondents found it easy to get

through to the practice by telephone. This compared with the Haringey local practice average of 70%. In addition, 86% of respondents rated their experience of making an appointment as “good” compared with the Haringey average of 68%. The survey also fed back that 86% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care. This was better than the Haringey CCG practice average of 68%.

## Areas for improvement

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

- Undertake a fire safety risk assessment to ensure that adequate fire safety arrangements are in place.
- Ensure medical oxygen and other medicines for management of medical emergencies are available or undertake a risk assessment if a decision is made not to have a full range of emergency medicines available on the premises.
- Carry out criminal record checks on non-clinical staff who act as chaperones.

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

- Ensure an automated external defibrillator (AED) is available on the premises or undertake a risk assessment if a decision is made not to have an AED on the premises.
- Introduce more frequent and minuted Patient Participation Group meetings (with annual action plan).

- Consider holding governance meetings more regularly and ensure meetings are minuted.
- Introduce a programme of clinical audit to drive improvement in performance and improve patient outcomes.
- Develop an action plan in light of national patient survey result which reported that only 63% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care (compared with the Haringey practice average of 77%).
- Develop an action plan to improve disabled access. We noted that the reception desk did not have a lowered section to accommodate wheel chair users. Also, the location of the practice’s disabled toilet hindered access.
- Introduce a cleaning schedule for specific areas such as minor surgery and patient waiting area.

# Dr Aman Raja

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included GP specialist advisor and practice nurse specialist advisor. They were granted the same authority to enter registered persons' premises as the CQC inspectors.

### Background to Dr Aman Raja

Dr Aman Raja (also known as Parklane Medical & Surgical Services) is located in Haringey, North London. The practice has a patient list of approximately 1,000. Twenty percent of patients are aged under 18 and 4.5% are 65 or older. Forty one percent of patients have a long-standing health condition, whilst 12% have carer responsibilities.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services.

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 staff team comprises one GP (male), practice manager and administrative/reception staff. A locum nurse is used as required but we were advised that this was on rare occasions. The practice holds a General Medical Service (GMS) contract with NHS England. This is a contract between general practices and NHS England for delivering primary care services to local communities. The practice has opted out of providing out-of-hours services to their own patients.

The practice is open between 8:30am and 7pm Monday to Friday. Appointments are available from 9:30am to 11:30am and 4pm to 6pm Monday to Friday (Thursday 9.30am-11.30am) and Saturday 11.30am to 1.30pm.

The health of people in Haringey is varied compared with the England average. Deprivation is higher than average and about 31.2% (16,400) children live in poverty. Life expectancy for women is higher than the England average. However, there are also areas of relative affluence.

Life expectancy is 7.7 years lower for men and 3.4 years lower for women in the most deprived areas of Haringey than in the least deprived areas.

By aged 10, 23.4% (569) of children in Haringey are classified as obese (worse than the average for England). Levels of teenage pregnancy are worse than the England average. Levels of GCSE attainment, breastfeeding and smoking at time of delivery are better than the England average.

In 2012, 18.8% of adults were classified as obese, better than the average for England. Estimated levels of adult physical activity are better than the England average. Rates of sexually transmitted infections and TB are worse than average.

In Haringey, strategic improvements in health and wellbeing are led by the borough's Health & Wellbeing Board which is comprised of Haringey Council, Haringey Clinical Commissioning Group (CCG), Haringey Healthwatch and other health stakeholders. Priorities in Haringey include reducing childhood obesity and teenage pregnancy, reducing the life expectancy gap especially in men and improving mental health.

# Detailed findings

## 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. This 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 was a comprehensive inspection. We had previously inspected this location in February 2014 and judged that there were shortfalls in infection control and medicines management systems. At this inspection we noted that these shortfalls had been addressed.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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 15 January 2015. During our visit we spoke with a range of staff, including GP, practice manager and reception staff. We also spoke with patients including a member of the Patient Participation Group (PPG). We observed how people were being cared for and talked with carers and/or family members. We also reviewed comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe Track Record

The practice used a range of information to identify risks and improve patient safety. These included reviewing reported incidents and comments or complaints received from patients. Staff were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. We also noted that there were effective arrangements in place to report safety incidents which were in line with national and statutory guidance.

Monitoring whether safety systems were implemented was not robust. There were some concerns about the consistency of understanding and the number of staff who were aware of them. For example, there was a safety alert procedure to ensure that national safety alerts were shared with all staff at the practice. However, although the GP told us that they received national medicines safety alerts directly from the CCG, other staff members were not aware of their roles and responsibilities under this procedure.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We looked at five incidents recorded in 2014. They each included a record of the concern, together with action taken to minimise the chance of a recurrence and lessons learnt to improve the service. For example, following a 48 hour computer system failure the practice now routinely printed and securely stored its appointments list for the next day.

The GP was the significant events lead which included helping staff to understand and fulfil their responsibilities to raise concerns and report incidents or near misses. They also had responsibility for sharing learning amongst staff but we noted that there was no record of how learning from significant events was formally shared with staff (for example at staff meetings).

### Reliable safety systems and processes including safeguarding

There were systems in place which ensured patients were safeguarded from the risk of abuse. The GP was the designated safeguarding lead and the practice had ensured all staff were trained in protecting vulnerable adults and children from abuse to the appropriate level. For example, within the last three years the GP had received Level 3 child protection training and non-clinical staff had attended

children safeguarding training. The practice had policies relating to child protection and adults who were at risk. The policies included details of who to contact at the local authority and CCG. Staff were aware of the contact details. The practice also had systems in place to identify and monitor at risk children. Records showed that the GP regularly met with the local health visitor to discuss at risk children.

The practice had a chaperone policy although we noted that none of the practice's non-clinical staff had received training. Some non-clinical staff who undertook chaperoning duties had not undergone appropriate Disclosure and Barring Service (DBS) checks. There was no evidence that this decision had been based upon a risk assessment.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information advising of any relevant issues when patients arrived for their appointments, such as patients experiencing poor mental health, young mothers who were deemed at possible risk and patients living with dementia. The GP also told us that the practice's small patient list allowed him to identify patients who were in potentially vulnerable circumstances such as older people living alone.

### Medicines Management

When we inspected in February 2014, we noted that there were shortfalls in medicines management because there were periods when the fridge temperature had not been recorded. This is important because vaccines not stored within a specific temperature range can lose their effectiveness.

At this inspection we checked medicines stored in the medicines refrigerators and found they were stored securely and were only accessible to authorised staff. We looked at daily temperature records of the medicines refrigerators and noted that they had been regularly recorded and were within the required temperature range. There was a clear policy for ensuring that medicines were kept within the required temperature range and when we spoke with a receptionist she understood her role in this procedure (for example in ensuring that newly delivered vaccines were logged and immediately placed in the practice refrigerator). The policy also included instructions on what action to take in the event of a power failure. The practice did not hold Controlled Drugs on the premises. Medicines were within their expiry date.

## Are services safe?

All prescriptions were reviewed and signed by the GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance, being kept securely at all times and tracked through the practice once filled in. Vaccines were administered by the GP although we were told that locum nurses were occasionally used.

### Cleanliness & Infection Control

When we inspected in February 2014, we noted that the nurse's room and minor surgery rooms were dirty. There was surface dust on some surfaces and on equipment, including a trolley in the nurse's room. The floors were visibly dusty and the rooms were in general poor decorative condition. We also saw a number of out of date materials in both the nurse's room and the minor surgery rooms. These included scalpels, forceps, swabs and wound dressings.

At this inspection, we were told that one of the two minor surgery rooms had been removed from use. The minor surgery room we looked at was clean. Shelving had been replaced with cupboards to minimise dust accumulation. Vinyl flooring had been laid within the past six months and personal protective equipment such as gloves and aprons were readily available for staff to use. Surgical supplies were within their expiry date. A sensor operated hand wash sink had been installed although we noted that the adjacent hand gel dispenser was empty. Hand towels were available. Patients spoke positively about the environment.

Records showed that between April 2014 and January 2015 the practice audited minor surgery procedures for post-operative infection. Audit results showed that none of the thirty four patients who had undergone minor surgery had acquired a post-operative infection.

The GP was the Infection Prevention and Control (IPC) lead and responsible for ensuring effective infection control throughout the practice. At the time of our inspection, the GP had not undertaken infection control training as part of their role. However, shortly after our inspection, we were advised that the GP had attended infection control and prevention training.

The practice had undertaken an infection control audit within the last twelve months. We looked at the audit's action plan and were able to confirm, for example, that new vinyl flooring had been laid in the minor surgery room.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). In accordance with the policy, records showed that a Legionella risk assessment had taken place in December 2013. This concluded that no at risk areas had been identified.

We noted that hand gel was not available in waiting room areas and that flooring in the nurses room, whilst vinyl, was not fitted to the edges of the room leaving space for the collection of dirt and bacteria. We also noted that the practice did not have a cleaning schedule for specific areas such as minor surgery or waiting area. This increased the risk of infection including those that are health care associated.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. We saw evidence that equipment such as blood pressure measuring devices, medicines refrigerator and weighing scales had been serviced within the last twelve months. However, we also noted that portable appliance testing (PAT) had not taken place since February 2014. We were advised that this would take place as soon as possible.

### Staffing & Recruitment

The practice had systems in place to ensure that staffing levels and skills mix were planned, implemented and reviewed to keep people safe at all times. Records showed that actual staffing levels and skill mix were in line with planned staffing requirements.

There was evidence of some procedures in place to ensure that staff were recruited appropriately. For example, the practice had employment history for its newest member of administrative staff. However, there was no evidence of DBS, references, proof of address or confirmation that the staff member had been inducted in infection control/prevention, the practice's clinical system or other key areas. This was not in accordance with the provider's recruitment policy. The provider could not demonstrate that the staff member was suitably qualified, competent or skilled to undertake the role.

# Are services safe?

## Monitoring Safety & Responding to Risk

The practice had systems and policies in place to manage and monitor some elements of risk to patients, staff and visitors to the practice. This included annual, bi-annual and monthly checks of the equipment, infection control, surgical supplies and medicines management. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. For example, the practice's latest infection control audit identified and took appropriate steps to minimise risk from dust accumulating on treatment room shelves by installing cupboards.

However, we also noted that the practice did not have a risk log where these and other risks (such as portable appliance testing and mandatory training records) could be centrally logged and monitored. Also, whilst we were told that risk was discussed at staff meetings, we noted that these meetings were not minuted.

We saw that staff were able to identify and respond to changing risks to patients, including deteriorating health and well-being. For example, systems were in place to respond to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment.

## Arrangements to deal with emergencies and major incidents

We noted that the practice had a limited range of emergency medicines; namely adrenaline for injection and hydrocortisone for injection both primarily used in the treatment of anaphylaxis (a severe reaction to a vaccination or other medicine). The GP told us that the practice had an arrangement with a surgery located directly across the road, whereby they could use their

medical emergency medicines and oxygen in an emergency. However, there was no written risk assessment explaining that this was the rationale for not stocking additional emergency medicines or oxygen on the premises. There were also no procedures in place for staff to follow in the event that the other practice was closed.

We noted that the emergency medicines were within their expiry date. The GP told us that they undertook regular checks of Parklane Medical and Surgical Services' emergency drugs, although we noted that these were not recorded. Shortly after our inspection, we were sent evidence that all clinical and non-clinical staff had attended cardiac resuscitation training.

Plans were in place to respond to emergencies and major situations. The practice had a business continuity plan which instructed staff of what to do in the event of an emergency. The plan covered areas such as pandemic flu, fire, staff shortage and IT system failure. It contained relevant contact details for staff to refer to, such as support numbers in the event that the practice's clinical software failed. We were told that the plan had been implemented in the last twelve months following a two day computer system failure. We noted that staff understood their roles and responsibilities.

Systems, processes and practices were not always reliable to keep people safe. We noted that the practice fire safety policy stipulated regular testing of the fire alarm and fire fighting equipment. However, during our inspection, there was no evidence of this having taken place. We also noted that fire exit and fire assembly point signage were not in place.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GP could clearly outline the rationale for their approach to treatment based upon good consultation skills. They told us that they were familiar with current best practice guidance and we noted that the GP's assessment of patients' needs was in line with the latest NICE guidelines. Latest data showed that 100% of patients with chronic kidney disease (CKD) had a record of blood pressure in the previous 15 months (compared with the 86% Haringey practice average). We noted that blood pressure recording of CKD patients was in accordance with NICE guidelines.

We also saw that patients' needs assessments were comprehensive and included consideration of their physical health and wellbeing, their mental health and clinical needs. For example, the practice performance on the percentage of patients with schizophrenia and other psychoses who had a record of Body Mass Index (BMI) in the preceding 15 months was 90%, compared with the Haringey average of 88%. We noted that the practice's performance on diabetic patients who had had a foot examination and risk classification in the last 12 months was also better than the Haringey average, 97% and 87% respectively. This is important because diabetic patients are at risk of foot complications.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included inputting data, scheduling clinical reviews, managing child protection alerts and medicines management.

Information about patients' care and treatment, and their outcomes, was routinely monitored and information used to improve care. Latest available data showed that the practice performed better than the England practice average on percentage of asthma patients who had received an asthma review in the preceding twelve months (83% and 72% respectively). We also noted that 100% of the practice's diabetic patients had been received flu vaccine (compared with the 87% average for Haringey patients).

We were told that QOF performance across a range of clinical areas was discussed at quarterly meetings. For

example, we were told that after identifying that child immunisations at twelve months were below target, the GP had contacted patient's parents to encourage them to attend. However, we noted that these meetings were not minuted and there was no evidence of written action plans being developed as appropriate to improve clinical performance.

Records showed that during April 2014 – January 2015 the practice undertook a minor surgery audit to determine the prevalence of post-operative infection. Audit results showed that none of the thirty four patients audited had acquired an infection. Generally, however, there was no evidence of how clinical audits were being used to improve patient outcomes.

We were told that repeat medicines were typically only prescribed for up to four weeks. The GP explained that this enabled care to be monitored at more frequent intervals.

### Effective staffing

Practice staffing included GP, managerial and administrative staff. Staff training records showed that all staff were up to date with most elements of mandatory training (for example the GP had recently undertaken level 3 child protection training). However, at the time of our inspection, the GP had not undertaken infection control training as part of their role as infection control and prevention lead. Shortly after our inspection, we were advised that the GP had attended infection control and prevention training. Training records from the last twelve months showed that the GP had attended a range of training including HIV screening, substance misuse and minor surgery techniques.

The GP had completed their five yearly medical licence revalidation in January 2015. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

Administrative staff were managed by the practice manager and we were told that annual appraisals took place where performance was reviewed and training needs identified. However, these were not documented. We were also told that formal supervision meetings did not take place. However, staff told us that the practice manager was readily available and that they felt supported in their roles.

# Are services effective?

(for example, treatment is effective)

## Working with colleagues and other services

The practice had systems in place to help ensure that when care was received from a range of different teams or services it was coordinated. For example, we saw evidence that the GP met with district nurses and midwifery teams via teleconference. Records also showed that the GP regularly met with local health visitors to discuss patients on the children at risk register.

The practice worked closely with a range of services including specialist mental health and carer voluntary organisations. Reciprocal arrangements were in place with a female GP based opposite the practice, for situations where a female patient wanted to be seen by a female GP and vice versa. We were also told that the female GP routinely provided gynaecological services for the practice's patients. We noted that patients wishing to use this service were referred to the GP based opposite the practice where their care and treatment were delivered.

## Information Sharing

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record system to coordinate, document and manage patients' care including test results and information to and from other services such as hospitals. Staff commented positively about the system's safety and ease. The software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

## Consent to care and treatment

The GP demonstrated knowledge and understanding of consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005. Systems were in place to support patients to make decisions. Where appropriate this included an assessment of their mental capacity. They also demonstrated an understanding of

Gillick competencies, which help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment. However, we noted that administrative staff had limited knowledge of Gillick competencies.

There was a practice policy for documenting consent for specific interventions. For example, we were told that for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. However, there was no evidence of audits having been undertaken to confirm that the consent process for minor surgery was being followed.

## Health Promotion & Prevention

The practice worked closely with Haringey CCG to share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the local area and is used to help focus health promotion activity.

For example, a range of health promotion activity took place including ante natal clinics, sexual health clinics and smoking cessation. It was practice policy to offer a health check with the GP to all new patients registering with the practice. The reception area contained patient information on conditions which were prevalent amongst the local community such as diabetes.

The practice also offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Latest available practice performance data for immunisations at twelve and twenty four months was generally average or below average for Haringey practices. Dementia diagnoses rates were better than the national average.



# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

Before our inspection, we looked at NHS England 2014 national GP patient survey results which showed that 91% of patients found receptionists helpful. During our inspection, we observed that reception staff treated patients with dignity and respect. Patients spoke positively about how they were treated by staff and this was also consistent with comment card feedback.

The practice had a chaperone policy and offered a chaperone service but we noted that this was not publicised in reception or in the practice's patient information leaflet. We were told that the practice manager undertook chaperoning duties but records showed that they had not undergone appropriate Disclosure and Barring Service (DBS) checks.

During the inspection, we observed that the reception area was adjacent to the waiting area and that conversations between the receptionists and patients could be overheard. However, none of the patients we spoke with or comment cards reviewed, identified privacy in reception as an issue.

We asked the receptionist how they sought to maintain patient confidentiality. They gave examples such as ensuring that patient identifiable information was only sent via the practice's secure nhs.net email addresses. However, we noted that the practice's disabled toilet could only be accessed via the reception office area which potentially compromised patient confidentiality and privacy.

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

The national patient survey showed that 63% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care. This was below the Haringey practice average of 77% and there was no evidence of how the practice was working to improve this area.

Seventy one percent of respondents felt that the GP was good at explaining tests and treatments (compared with the Haringey practice average of 82%).

Patients we spoke with told us that they felt involved in decisions about their care and treatment and we noted that this was also a consistent theme of patient comment card feedback.

The GP demonstrated knowledge and understanding regarding obtaining patients' consent to treatment, for example, regarding vulnerable patients such as those with learning disabilities.

We noted 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 area informing patients this service was available.

### Patient/carer support to cope emotionally with care and treatment

Patient discussions and comment card feedback highlighted that staff acted compassionately when patients needed help and support such as during times of bereavement. Patients were provided with information regarding local and national support groups and organisations offering specialist support, such as those relating to cancer and diabetes.

Information was given by way of notices in the waiting room. We noted that the practice did not have a waiting room TV or website to provide patients with information, although the GP told us that a website was being considered.

We noted that twelve percent of patients had a caring responsibility and asked staff about support offered. We were advised that the practice routinely signposted patients to a local carer support network. We also noted that information for carers was provided in the practice reception.

We also looked at care provided for patients diagnosed with depression and noted that the practice's latest QOF performance was better than the Haringey and England practice averages on newly diagnosed patients who had had a further assessment of severity two-twelve weeks after their initial assessment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice offered a range of services to meet the needs of its patient groups. These included ante natal clinics, sexual health clinics and smoking cessation advice. A Saturday clinic had recently been introduced and we noted that this was responsive to the needs of patients who worked during the week. We also noted that in the absence of a practice nurse, the GP undertook health checks for new patients and led on the care of patients with long term conditions such as diabetes.

The practice was able to offer good continuity of care because there had been very low turnover of staff during the last five years. The practice had a "virtual" Patient Participation Group (PPG) which was a patient led forum for sharing patients' views with the practice. The PPG was comprised of over 80 patients who participated by email. The practice highlighted the recent introduction of a Saturday clinic as an example of how the group's views were taken on board. However, we noted that the group met infrequently and that minutes were not produced. There was also no evidence that the group was working towards an action plan of priorities set by patients.

### Tackling inequity and promoting equality

The practice entrance was accessible to patients with mobility scooters, push chairs and wheelchairs, although there were no grab rails. The waiting area was large enough to accommodate patients with wheelchairs and pushchairs, although we noted that the reception desk did not have a lowered section to accommodate wheel chair users. The practice made use of an interpreter service including British Sign Language interpreters. The treatment room and minor surgery room were located on the ground floor. The practice had a disabled toilet but we noted that its location made access difficult.

The practice offered extended appointments for patients with learning disabilities. When we asked reception staff how they ensured that patients with a learning disability received equitable care, they stressed the importance of compassion and of working to accommodate a patient's needs.

Annual health checks were provided for patients who experienced poor mental health. The practice also offered flexible services and appointments including for example, evenings appointments (when the practice was less busy) as this was preferred by many patients.

### Access to the service

Appointments were available from 9:30am to 11:30am and 4pm to 7pm Monday to Friday (Thursday 9.30am-11.30am) and Saturday 11.30am to 1.30pm. Telephone consultations were also available including test results if the patient was unable to attend the practice. The practice did not have a website but we noted that there were arrangements in place enabling patients to make online appointment booking via NHS Choices. An online repeat prescription facility was not yet available.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. Patients who contacted the practice when it was closed heard an answerphone message giving the telephone number they should ring depending on the circumstances such as NHS111 or a local out of hours GP service.

Longer appointments were available for those who needed them such as those with long-term conditions or those with several health issues to discuss. Patients over 75 had a named GP. Home visits were made to those patients who needed one.

Patient comment card feedback was positive regarding access to the service. Results of the 2014 national patient survey were also positive. For example, 93% of the patients who responded found it easy to get through to the practice by telephone (compared with the Haringey practice average of 70%). The survey also highlighted that 86% of patients described their experience of making an appointment as good (compared with the local practice average of 68%). We noted that the practice had recently introduced a Saturday clinic which was responsive to those patients with work or study commitments.

### Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England. A designated member of staff was responsible for handling all complaints made to the practice. Complaints information was available to patients in the reception area.

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

The practice did not have a website where this information could be accessed by patients. None of the patients we spoke with were aware of the formal process to follow if they wished to make a complaint.

The practice collated complaints as and when they occurred. We were told that one complaint had been

received during 2013/14 and the practice was able to explain how this complaint had been used to improve the service. However, there was no evidence of how the practice had shared learning from the complaint amongst staff.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and Strategy

The practice had a clear vision to deliver good quality, patient-centred care and treatment. We spoke with a range of staff including receptionist, practice manager and GP; all of whom described a patient-centred approach to delivering care based upon a thorough knowledge of their patient's care needs. We did not see evidence of a business plan but our discussions with staff and patients highlighted the practice's focus upon patient centred care.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity; and these were available to staff on any computer within the practice. We looked at ten of these policies and procedures and saw that most had been reviewed within the last twelve months. For example, the safeguarding policy contained up to date local authority and CCG contact details. We did not see a record confirming that staff had read the policies but staff we spoke with demonstrated familiarity and understanding of the policies. For example, a receptionist's description of how they would receive patient specimens at reception was consistent with the practice's policy. However, we also saw evidence of where the practice was not adhering to its own policies (for example regarding frequency of fire risk assessments and infection control training).

There was no evidence of completed clinical audits being used to improve outcomes for patients. We were told that QOF performance monitoring meetings took place every quarter to review performance and take action as necessary. However, these were not minuted. We noted that the GP was lead for a range of clinical and information governance areas including infection control, safeguarding and QOF performance management.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

### Leadership, openness and transparency

The GP told us that formal, minuted team meetings did not take place but that the staff team met informally almost daily. Staff told us that there was an open culture at the practice and that they felt comfortable raising issues at or outside of team meetings. We saw evidence that the GP encouraged good working relationships among staff, so that they felt valued and supported. For example, a receptionist spoke positively about support available at the practice.

Practice seeks and acts on feedback from users, public and staff

The practice had gathered feedback from patients through national surveys, practice survey and through its "virtual" electronic PPG. Although there was evidence of how the practice had acted on patient feedback (through for example the introduction of Saturday clinic) the PPG did not have an agreed action plan with timescales. Meetings were also infrequent.

Thirty five patients had responded to the practice's own patient survey (February 2014) and we noted that feedback was positive. However, we also noted that the practice had chosen not to respond to NHS Choices feedback which was generally negative.

The practice generally received staff feedback through informal staff meetings which we were told took place almost daily. Reception staff told us that they that felt involved and engaged in decisions about delivering care and treatment.

### Management lead through learning & improvement

The GP attended a range of networking events arranged by the local CCG and professional bodies. They had a strong focus on continuous learning and improvement. They had attended a range of training within the last twelve months including minor surgery, HIV screening and substance misuse. They told us that training allowed them to incorporate latest clinical best practice into patient care and treatment.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p><b>Regulation 12 HSCA (Regulated Activities) Regulations 2014. Safe care and treatment</b></p> <p>We found that the provider was not providing care and treatment in a safe way for service users. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>Arrangements were not in place for dealing with medical emergencies because staff did not have access to medical oxygen and other emergency medicines on the premises and no risk assessment had been undertaken as to why a full range of emergency medicines was not available on the premises.</p> <p>Regulation 12(1)</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p><b>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.</b></p> <p>How the regulation was not being met:</p> <p>We found that the provider did not have effective recruitment procedures in place. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## Compliance actions

Service users were not protected from abuse and improper treatment because criminal record checks had not been undertaken on non-clinical staff acting as chaperones.

There was no evidence of DBS, references, proof of address or confirmation that the practice's newest member of staff had had been inducted in infection control/prevention, the practice's clinical system or other key areas.

Regulation 19 (3) (a)

### Regulated activity

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

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

We found that the provider had not protected people against the risk of unsafe premises and equipment. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

The provider had not undertaken a fire safety risk assessment.

Regulation 15(1)(e)