

Keats Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Keats Surgery on 3 June 2014. The inspection was part of a programme testing our new inspection methodology and was therefore not rated. However, concerns were identified regarding fire safety and recruitment checks and shortly thereafter the practice sent us an action plan detailing how they would make the required improvements. (The full comprehensive report on the June 2014 inspection can be found by selecting the 'all reports' link for Keats Surgery on our website at www.cqc.org.uk).

We carried out an announced comprehensive, follow up inspection on 1 December 2016. Overall the practice is rated as good (this rating takes account of our previously identified concerns).

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect. When we discussed this feedback with staff, they stressed the importance of engaging with patients in a compassionate and empathetic manner.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

Summary of findings

- Continue to monitor recent activity to improve performance on diabetic care and childhood immunisations.
- Consider undertaking “duty of candour” training to ensure that all staff are aware of its requirements.
- Install a hearing loop in reception to improve access for patients with impaired hearing.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had clearly defined systems in place to minimise risks to patient safety. For example, an infection control audit and fire risk assessment had taken place within the previous 12 months. (Fire safety checks had been identified as an area of concern at our last inspection).
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Clinical audits demonstrated quality improvement.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The practice's performance for giving childhood immunisations was below local and national averages although we saw evidence of action being taken to improve performance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally at or above average compared to the national average. (for example additional practice nurse sessions to run a diabetes clinic and a diabetes related clinical audit which sought to improve patient outcomes).
- There was evidence of appraisals and personal development plans for staff who had been in post for more than 12 months
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect. When we discussed this feedback with staff, they stressed the importance of engaging with patients in a compassionate and empathetic manner.
- Service information was available in different formats and accessible to patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, late evening appointments were available up until 9:00pm on Wednesday evenings.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the example we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision to listen and be responsive to the needs of its patients; and to provide an environment where patient felt safe. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.

Good



Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- Some staff were unfamiliar with the duty of candour or its requirements but overall we saw evidence that the practice complied with requirements such as acting transparently and providing an apology when things went wrong.
- The partners also encouraged this culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was available on line.

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

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

Good



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

- We were told that a newly appointed practice nurse had a lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the CCG and national averages. For example, 61% of patients with diabetes had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less, compared to a CCG average of 76% and a national average of 78%. The practice was aware of overall performance in this area and we were told the recently appointed practice nurse worked additional sessions so as to run a weekly diabetes clinic.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. We were told that the practice nurse's additional sessions would improve capacity and capability in this area.

Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- Immunisation rates were below average for most standard childhood immunisations. The practice was aware of its performance and we were told that an increase in the number of sessions worked by the new practice nurse was intended to improve performance in this area.
- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening on Wednesday evenings.
- 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.

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

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice had recently hosted a carers support “drop in” event in partnership with a local carer’s network.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was above national and local averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to a CCG average of 88% and a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Three hundred and fourteen survey forms were distributed and 110 were returned. This represented 2% of the practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 80%.

As part of our inspection we also asked for comment cards to be completed by patients prior to our inspection. We received 42 comments which were all 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 with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor recent activity to improve performance on diabetic care and childhood immunisations.

- Consider undertaking "duty of candour" training to ensure that all staff are aware of its requirements.
- Install a hearing loop in reception to improve access for patients with impaired hearing.

Keats Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Keats Surgery

Keats Surgery provides primary medical services in Enfield to approximately 4530 patients and is a member of NHS Enfield Clinical Commissioning Group (CCG). Twenty two percent of patients are aged under 18 (compared to the national practice average of 21%) and 15% are 65 or older (compared to the national practice average of 17%). Sixty four percent of patients have a long-standing health condition compared with the 54% national average.

The practice operates from a purpose-built single storey property which offers step free access and is also wheelchair accessible.

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: meningitis immunisation; childhood vaccination and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; influenza and pneumococcal immunisations; minor surgery; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of two full time GP partners (one female, one male), one part time female practice nurse, one part time female health care assistant, a practice manager and a range of administrative staff.

The practice is open:

Monday, Tuesday, Thursday and Friday 8.00am to 6.30pm

Wednesday 8.00am to 9.00pm

Appointments are available:

Monday to Friday from 8.00am to 6.30pm.

Extended surgery hours are offered from 6:30pm until 9:00pm on Wednesday evenings.

The practice does not open on a weekend. It has opted out of providing out of hours (OOH) services to their own patients when it is closed and directs patients to the OOH provider for NHS Enfield CCG.

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

We inspected this location in 2014. This was as part of our initial inspection programme and the practice was therefore not rated (although we identified concerns regarding fire safety, staff pre-employment checks, staff appraisals and safeguarding training). At this December 2016 inspection, we noted that these concerns had been addressed.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 1 December 2016. During our visit we:

- Spoke with a range of staff (partner GPs, practice nurse, practice manager and administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and spoke with carers.
- Reviewed a 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.
- Visited all practice locations.

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records and incident reports and noted that seven significant events had been recorded in the previous 12 months. We saw evidence that the practice carried out a thorough analysis of these incidents and used learning to maintain or improve safety in the practice. For example, records showed that when a patient experiencing poor mental health had called the practice in a suicidal state, reception staff (advised by a partner GP) had called the local mental health crisis team. However, when the crisis team called back to confirm that the patient had made contact, they advised practice staff that in any such future incidents, the Police and the local Ambulance service should immediately be called.
- When we asked how learning from incidents was shared amongst staff, we were advised that due to the constraints of the staff rota, the practice manager would initially discuss the learning on a one to one basis with the relevant staff member; followed by later discussion at a staff meeting to enable wider team learning and discussion.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding. We were told that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice nurse was trained to child protection level two. (The absence of appropriate safeguarding training for the practice nurse had been identified as an area of concern at our 2014 inspection).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. An annual IPC audit had taken place in September 2016 and we saw evidence that action was taken to address any improvements identified as a result. However, we noted that the audit had not highlighted that sharps bins in clinical rooms were not dated or signed.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being

Are services safe?

dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the Enfield Clinical Commissioning Group's pharmacy team to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. On the day of our inspection, we noted that Patient Group Directions (PGDs) had not been adopted by the practice to allow nurses to administer medicines in line with legislation. Shortly after our inspection, it was confirmed that appropriately signed PGDs were on file. The practice's health care assistant was trained to administer vaccines and medicines and Patient Specific Directions from a prescriber were produced appropriately.

We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We noted that the absence of appropriate recruitment checks or a recruitment policy had been identified as areas of concern at our 2014 inspection.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice who had received training and a fire safety log book had been introduced. The absence of fire safety checks had been identified as an area of concern at our last inspection.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had 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 for major incidents such as building damage and vaccines fridge failure. The practice's significant events log showed that the plan had recently been activated when a vaccines fridge had malfunctioned and the interim vaccines storage protocol with a neighbouring practice had had to be called upon.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- For example, GPs had undertaken clinical audits triggered by NICE best practice guidelines.

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 85% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%.

The overall clinical exception rate was 3% compared to the CCG average of 7% and the national average of 9%. 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 lower than the CCG and national averages. For example:
 - 61% of patients with diabetes had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less, compared to a CCG average of 76% and a national average of 78%.
 - 71% of patients with diabetes had a last measured total cholesterol (measured within the preceding 12 months) within the acceptable range, compared to a CCG average of 79% and a national average of 81%.

- 77% of patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 August to 31 March, compared to a CCG average of 92% and a national average of 94%.
- 72% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months, compared to a CCG average of 86% and a national average of 88%.

The practice was aware of its performance in this clinical domain and highlighted the following actions being undertaken to drive improvement:

- The recent appointment of a new practice nurse with additional hours to deliver a diabetes clinic;
- Installation of a reception area blood pressure monitor and provision of information leaflets to assist patients in self-managing their condition.
- The introduction of a recent clinical audit seeking to improve outcomes for patients with diabetes who were also at risk of cardio vascular disease.

GPs explained that many patients declined the influenza immunisation due to previous adverse side effects. They also told us that although the practice would continue to monitor its performance and seek to improve outcomes, there was also a recognition that some patients were non compliant regarding managing their condition.

- Performance for mental health related indicators were above CCG and national averages. For example:
 - 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to a CCG average of 88% and a national average of 88%.
 - 87% of patients diagnosed with dementia had received a care review in a face-to-face review in the preceding 12 months, compared to a CCG average of 84% and a national average of 84%.

There was evidence of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- There had been four clinical audits commenced in the last two years, one of which was a completed audit where the improvements made were implemented and monitored.
- For example, in 2015, the practice audited the number of patients eligible for cervical screening testing but who had not had the test in the previous three years. The first cycle of the audit identified fifteen such patients. Following interventions such as invitation letters, phone messages and opportunistic verbal invitations when the patients attended the practice, an August 2016 reaudit highlighted that the number of eligible patients had reduced to eight patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as 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 relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. With the exception of the recently appointed practice nurse, all staff in post had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of five patient records we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients 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 6-8 weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

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.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- 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.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 81% and the national average of 82%. The practice' performance for the treatment of patients with breast and bowel cancer was comparable to CCG and national averages. For example:

- 73% of female patients aged between 50-70, were screened for breast cancer within 6 months of invitation, compared to a CCG average of 72% and a national average of 73%.
- 49% of patients aged between 60-69, were screened for bowel cancer in the last 30 months compared to a CCG average of 53% and a national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 25% to 93% (CCG average ranged from 25% to 81%, national average ranged from 73% to 93%) and five year olds from 54% to 82% (CCG average ranged from 68% to 86%, national average ranged from 83% to 95%).

We were told that the recently appointed practice nurse was working additional sessions and that the practice was confident that this would help improve its child immunisations performance.

There was a policy to offer telephone or written 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 audits, by providing information in different languages and in 'easy read' format for those with a learning disability and also by ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

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 staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Feedback was particularly positive regarding reception staff.

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

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 84% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% 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 CCG average of 77% and the national average of 82%.

Are services caring?

- 82% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 83%

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

- Staff told us that interpretation services were available for patients who did not have English as a first language including British Sign Language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them and records showed that this resource had been used to provide support and reassurance to vulnerable patients.
- Information leaflets were available in easy read format.
- A senior receptionist was trained to Level 1 in British Sign Language.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (more than 1% of the practice list). When we asked the practice how the register was used to improve care for carers we were told that it had been used to publicise a carers 'drop in' event arranged by a local carers network and hosted at the practice. Written information was available to direct carers to the various avenues of support available to them.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on Wednesday evenings until 9:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities which included interpretation services but we also noted that the absence of a hearing loop hindered access for patients with impaired hearing.
- The practice operates from a purpose-built single storey property which offers step free access and is wheelchair accessible.
- One of the reception team was trained to Level 1 British Sign Language.

Access to the service

The practice was open:

Monday, Tuesday, Thursday and Friday 8.00am to 6.30pm

Wednesday 8.00am to 9.00pm

Appointments were available:

Monday to Friday, 8.00am to 6.30pm

Extended surgery hours are offered from 6:30pm until 9pm on Wednesday evenings.

The practice did not open on a weekend. It had opted out of providing out of hours (OOH) services to its own patients when it was closed and directed patients to the OOH provider for NHS Enfield CCG.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients 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.

- 78% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 79%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 69% and the national average of 76%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 89% and the national average of 92%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 61% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 48% and the national average of 58%.

Patients told us on the day of the inspection that they did not have concerns regarding waiting times and that they were able to get appointments when they needed them. This also generally aligned with comment card feedback. The practice's clinical system showed that the next available emergency and routine appointment slots were within the next 48 hours.

The practice had a system to assess:

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

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the

Are services responsive to people's needs?

(for example, to feedback?)

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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system.

We noted that there was an open and transparent approach to complaints management. One verbal complaint had been received in the previous twelve months and the practice could demonstrate how learning had been used to improve the quality of care. For example, the complaint related to a patient who had arrived at a local hospital referral department to find that it was closed. Following receipt of the complaint, a letter of apology was sent and we were told that staff were later reminded to ask patients to call hospital departments themselves so they could be sure of opening times. However, we did not see evidence that this complaint had been discussed at a team meeting.

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

Staff told us that the practice had a clear vision to listen and be responsive to the needs of its patients; and to provide an environment where patients felt safe. Staff knew and understood this vision and the practice had a statement of purpose which reflected its vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as infection control and information governance.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. For example, a new recruitment policy had been introduced since our last inspection.
- An understanding of the performance of the practice was maintained. Practice meetings were held every eight to twelve weeks which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to drive improvements for example regarding performance on diabetic care.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, regarding Legionella and fire safety risks.
- We saw evidence of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment) although not all staff were aware of the meaning of the duty of candour. The partners encouraged a culture of openness and honesty. From the documented examples we reviewed, we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- Patients through 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, at the group's suggestion, the practice had introduced additional routine appointment slots).

Are services well-led?

Good 

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

- Complaints and compliments received.
- Staff through for example meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice was aware of and had taken action to improve performance on diabetic care and childhood immunisations.