

# Queenswood Medical Practice

## Quality Report

Hornsey Central Health Centre  
151 Park Road  
London  
N8 8JD

Tel: 0203 074 2402

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

Date of inspection visit: 11 October 2016

Date of publication: 02/02/2017

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8
Areas for improvement	8

### Detailed findings from this inspection

Our inspection team	9
Background to Queenswood Medical Practice	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 11 October 2016. Overall the practice is rated as good.

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

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

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were areas of practice where the provider should make improvements:

- Monitor the use by locum nurses of patient group directions (PGDs) to ensure they are completed correctly, in accordance with current guidelines.
- Continue with efforts to identify, record and support patients who are carers.
- Continue with efforts to increase patient participation, particularly among under-represented groups.

### 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.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above local and national averages.
- The practice monitored performance and where the need for some improvement had been identified it had implemented actions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was comparable with others in respect of most aspects of care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Early morning and evening appointments were available for patients unable to attend during normal working hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to it.
- There was a strong leadership structure and staff felt supported by management. The practice had various up to date policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted upon. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and longer appointments were available for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 377 patients currently on the register, 345 of whom had up to date care plans.
- Data showed that 974 patients aged over-65 were prescribed ten or more medicines; of whom 836 (86%) had had an annual structured medication review.
- Two-hundred and nineteen patients identified as being at risk of developing dementia had received a cognition test or memory assessment in the past two years.

### People with long term conditions

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

Good



- The practice's performance relating to patients with long term conditions was above local and national averages.
- The practice maintained a register of 705 patients with diabetes, of whom 67% had received an annual eye check and 84% had received an annual foot check so far this year.
- The practice was engaged in contacting patients identified as being at risk of developing diabetes.
- The practice maintained of register of 85 patients with heart failure, of whom 82 had had an annual medicines review in the preceding 12 months.
- Ninety-nine per cent of patients had evidence of lifestyle advice documented on their records.
- Longer appointments and home visits were available when needed.

### Families, children and young people

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

Good



# Summary of findings

- The practice worked closely with health visitors, to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and maintained a register of vulnerable children.
- Take up rates for standard childhood immunisations were comparable with local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors and of regular MDT meetings.
- The practice had appointed carers' leads to improve the identification and recording of patients who were carers.

## **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 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.
- Early morning and evening appointments with both GPs and nurses were available for those patients who could not attend during normal working hours.
- Telephone consultations with GPs could be booked in advance and issues could be discussed with the daily duty GP.
- The practice's uptake for the cervical screening programme was comparable with the local and national average.
- Data showed that 5,548 patients (74% of those eligible) had had their blood pressure monitored over the last five years.

**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 registers of patients living in vulnerable circumstances, including a register of homeless patients and travellers, who could register at the practice address to receive healthcare-related correspondence.

**Good**



# Summary of findings

- It maintained a learning disability register of 66 patients, of whom 22 (33%) had received an annual follow up and had their care plans reviewed so far this year. The practice had an action plan to complete the outstanding reviews.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

- Eighty per cent of the 261 patients experiencing poor mental health had a comprehensive, agreed care plan documented in the record, so far this year.
- Sixty-six patients diagnosed with dementia (81% of those on the register) had had their care reviewed by the time of the inspection.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Continuity of care for patients experiencing poor mental health was prioritised.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had completed online training relating to the Mental Capacity Act.

Good



# Summary of findings

## What people who use the service say

### What people who use the practice say

The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016. The results showed the practice was performing generally above local and national averages. Three hundred and seventy-two survey forms were distributed and 106 were returned. This represented roughly 0.5% of the practice's list of approximately 19,500 patients.

- 87% of patients found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 81% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the local average of 79% and the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 29 comment cards, all of which were positive about the standard of care received, saying that staff were friendly, supportive and helpful, and that the premises were always clean. They said that GPs and clinical team took time to explain healthcare issues and involved them in decision making. One card mentioned occasional delays when booking appointments, another questioned the interpersonal skills of one of the receptionists and one said there were sometimes problems with obtaining repeat medication using the automated system (EPS).

We spoke with 11 patients during the inspection, together with four members of the patient participation group. The patients said they were generally satisfied with the care they received and some were very positive in the comments, saying staff were approachable, committed and caring. However, two patients told us it was sometimes difficult to get appointments, particularly with preferred GPs - for example, one patient mentioned a wait of up to three weeks. Another patient said they always saw different GPs and that they had encountered problems with repeat prescribing. Three patients said that appointments often ran up to 30 minutes late, but that they were always kept informed by staff. Another patient was critical of the reception staff.

## Areas for improvement

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

- Monitor the use by locum nurses of patient group directions (PGDs) to ensure they are completed correctly, in accordance with current guidelines.
- Continue with efforts to identify, record and support patients who are carers.
- Continue with efforts to increase patient participation, particularly among under-represented groups.



# Queenswood Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a nurse specialist adviser and a second inspector.

## Background to Queenswood Medical Practice

The Queenswood Medical Practice operates at the Hornsey Central Health Centre, 151 Park Road, London N8 8JD. It shares the premises with various other healthcare services provided by the local NHS Trust. NHS Property Services is responsible for facilities management, maintenance and cleaning. The premises are located a short distance from Crouch End Broadway and have good transport connections nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 19,500 patients. It is part of the NHS Haringey Clinical Commissioning Group (CCG), which is made up of 51 general practices. The Queenswood Medical Practice is registered with the Care Quality Commission to carry out the following regulated activities - Treatment of disease, disorder or injury; Maternity and midwifery services; Surgical procedures;

Diagnostic and screening procedures; Family planning. The patient profile has an above average working age population, between 25 and 49, with fewer than average

teenage and older patients. The deprivation score for the practice population is in fifth “less deprived decile”, indicating a lower than average deprivation level among the patient population.

The practice has a clinical team of four partner GPs and 11 salaried GPs. There are 11 female GPs and four male. The partner GPs worked six or seven clinical sessions per week; four of the salaried GPs also work seven sessions; with the remainder working between three and five and a half sessions each. There is a full time advanced nurse practitioner and two practice nurses, who work slightly reduced hours. The clinical team is completed by a full time female health care assistant, a part-time clinical pharmacist, who works at the practice two days a week and a part-time psychotherapist. It is a training practice, with one GP registrar (qualified doctors gaining general practice experience) currently working there.

The administrative team is made up of a practice manager, an operational manager and 17 other staff.

The practice is open from 8.00 am to 8.00 pm, Monday to Friday. The telephone lines are staffed between 8.00 am and 1.00 pm and from 2.30 to 6.30 pm, Monday to Friday and from 3.30 to 6.30 pm on Thursday. Appointments are ten minutes long and available between 8.00 am and 7.30 pm. Emergency appointments can be booked on the day. A GP is on triage duty each morning between 8.00 and 9.30 am and during the afternoon between 2.00 and 3.00 pm, able to speak with patients regarding non-urgent matters. Patients can also book telephone appointments for set times, if attendance in person at the practice is not necessary. The GPs make home visits to patients who are

# Detailed findings

unable to attend the practice for reasons of health or disability. Patients are able to register with the practice to allow them to book appointments and order repeat prescriptions online.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website.

## Why we carried out this inspection

We carried out a comprehensive inspection of the practice 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.

The practice had not been inspected previously.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff including partners and salaried GPs, practice nurses, the practice manager and

operational manager and members of the administrative team. We also spoke with 11 patients who used the service, and four members of the patient participation group.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. These included actual incidents and near misses.

- The practice's computer system had a protocol for recording incidents, managing any investigation, and for the analysis and recording of the outcomes. The protocol and reporting form were accessible on the practice's shared drive. Staff we spoke with were familiar with the protocol and reporting form and described how they were used. We saw several examples of completed records. We saw that any events were considered at weekly management meetings and were reviewed on a six-monthly basis. The incident management process supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Guidance on information regarding the duty of candour was kept in the practice reception area.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been 18 incidents treated as significant events in 2016 and 31 in 2015. We discussed these with staff and looked at a number in detail. In one case, a patient presented with possible symptoms of a particular type of cancer. The practice referred the patient to two local hospitals, both of which responded saying they did not provide a service relating to the type of cancer suspected. This was despite information to the contrary contained on the standard referral forms provided by the local cancer network (LNC) to local practices. The patient was subsequently referred to another hospital for appropriate tests and received treatment for their condition, which in the event was not cancer-related. However, the practice recognised that the matter had led to an unnecessary

delay, which should not be repeated. A significant event meeting was held and the LNC was informed of the error in the referral form. The LNC subsequently contacted the hospitals concerned to address the issue. The practice made an amendment to the referral form and flagged the matter on the clinical management system. All clinicians were notified of the incident by email and advised of the need to check the services provided by local hospitals before referring patients. The practice also raised a quality alert with the local CCG, to inform other GP practices of the incident, so that learning from it could be appropriately shared.

Patient safety alerts, received using the NHS Central Alerting System, and for example relating to particular medicines, were initially processed by the practice manager, who emailed them to the appropriate clinical lead and to an administrator who maintained a record of the alerts. In cases of medicine alerts, a search of computer records is conducted, to identify which patients had been prescribed the drug and they are contacted accordingly. We saw recent evidence of this process in action relating to a recall of several batches of GlucaGen HypoKits, used by patients with diabetes to treat very low blood sugar.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. One of the partner GPs was the named lead responsible for safeguarding adults and child protection issues. The policies were accessible to all staff and been reviewed shortly before our inspection. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Local health visitors were based in the same building as the practice, allowing for close working. Formal safeguarding meetings were held every six weeks, but there was closer liaison when necessary. We reviewed the minutes of several safeguarding meetings. These were well-recorded and maintained securely, using password protection. The practice staff demonstrated they understood their responsibilities and all had

## Are services safe?

received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to level 3 and the remaining staff to level 1. We saw that the practice manager maintained records of when refresher training was needed and that the training was booked for the few staff members for whom it was due.

- Notices in the consultation rooms advised patients that chaperones were available if required. The practice policy, which had been reviewed in October 2015 and was therefore approaching another review, was available to all staff on the practice computer system. Administrative staff who performed chaperone duties had received appropriate training and repeat Disclosure and Barring Service (DBS) checks had been carried out. 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. We saw that annual refresher training, due for a few staff members shortly after our inspection, was already booked. We interviewed several staff and discussed chaperoning. They had a clear understanding of the issue and their duties when acting as chaperones.
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The cleaning was carried out by NHS Property Services. Clinical staff were responsible to cleaning their rooms during the day. One of the practice nurses was the infection control lead, who monitored infection control issues and provided feedback to all staff. We also saw records evidencing that all staff had received infection control training and noted that it was an area covered by the staff induction process. We saw that training needs were monitored closely, with refresher training scheduled for staff members who were due it. The infection control policy was reviewed and updated in January 2016. The practice liaised with the local infection prevention teams to keep up to date with best practice. An infection control audit of the whole premises had been undertaken by the local NHS trust in February 2016 and we were shown the practice's own infection control audit template, which would be used to check issues more frequently. We saw that disinfectant gel was available and hand washing guidance was provided by posters throughout the premises. Sink areas were uncluttered and taps were lever-operated. Clinical waste management and

disposal was arranged by NHS Property Services. The practice had only yellow waste bins (for partially discharged or empty sharps) available. We discussed this with staff who immediately arranged for orange bins (for non-contaminated sharps) and purple bins (for those contaminated with hormones) to be obtained. The practice had a sharps injury protocol, which was accessible on the shared computer system and guidance notices advising on procedures relating to sharps injuries available in the treatment and consultation rooms. Disposable curtains were used in the treatment and consultation rooms and had a note affixed of when they had been put up and were due to be changed. The practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks and staff we spoke with were aware of the appropriate procedures to follow. The practice did not have a policy for cleaning some items of equipment, such as the spirometer and nebuliser, but drafted and sent us one soon after the inspection. All medical instruments were single-use. A record was maintained of the Hepatitis B immunisation status of all clinicians and frontline staff.

- One of the partner GPs was lead for medicines management, working with the recently-appointed in-house clinical pharmacist. The practice benchmarked its prescribing practice using data provided by the CCG. There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. We noted there was no formal cold chain policy and discussed this with staff. A policy was prepared and sent to us shortly after the inspection. Vaccines fridge temperatures were monitored and recorded. We saw that an incident when the temperature of a fridge had exceeded the recommended range had been treated as a significant event. The practice appropriately monitored and recorded stocks of medicines and vaccines, including those for home visits. Re-ordering was done on a regular basis to avoid a build-up of stock if it was unused for a significant period. The vaccines fridges were appropriately stocked and all the medicines and vaccines we saw were within date and fit for use. No controlled drugs were kept on the premises. Processes were in place for handling repeat prescriptions. Blank prescription forms and pads were maintained securely

## Are services safe?

with a log kept of the serial numbers. We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. The PGDs were signed by the clinical lead for medicines management and their use was in accordance with current guidelines. However, we noted that PGDs for locum nurses had not been signed. We discussed this with staff and the practice sent us confirmation shortly after the inspection that its policies, including the locum nurse induction checklist, had been reviewed and amended to ensure that locum nurse PGDs were completed appropriately.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Criminal Records Bureau or later by the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed. The practice shares the premises with a number of other healthcare services. NHS Property Services were responsible for health and safety risk management for the whole premises. A general health and safety risk assessment was overdue, but the practice sent us evidence shortly after the inspection that one had been carried out and that the health and safety policy had been reviewed. The policy stated that the risk assessment would be repeated every six months. NHS Property Services had carried out regular fire risk assessments and arranged for firefighting equipment to be checked. The practice undertook its own risk assessment shortly after our inspection. Most staff had completed annual fire awareness training, with the remainder being scheduled to do so in November 2016, in accordance with the practice's training monitoring procedures. The fire alarm was tested on a weekly basis and fire drills for the whole building were conducted regularly. The stair wells had refuges for wheelchair users in accordance with relevant legislation. The annual inspection and calibration of medical equipment had been carried out in September 2016, and we saw that two items of equipment that had not passed

the testing had been removed from service pending repair or replacement. Electrical equipment had undergone inspection and PAT testing in October 2016. The five-yearly test of fixed wiring at the premises had been carried out in 2014. There was a variety of risk assessments in place to monitor safety of the premises. These included disability access, the Control of Substances Hazardous to Health (CoSHH), and legionella - a particular bacterium which can contaminate water systems in buildings.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff were up to date with annual basic life support training.
- The practice had a defibrillator available on the premises, with the pads in date and the battery was charged ready for use. The practice had two emergency oxygen cylinders, a first aid kit and an accident recording book was used. We saw evidence that the equipment was checked on a weekly basis. The larger oxygen cylinder did not have a note of its expiry date. Staff said they would arrange for it to be replaced immediately.
- The practice had a range of emergency medicines which were easily accessible to staff in a secure area of the practice; all staff knew of their location. All the medicines we checked were in date and stored securely. Supplies were logged and monitored by a practice nurse on a weekly basis.
- The practice had a detailed business continuity plan in place. The plan had last been reviewed in January 2016. A copy was kept in the reception area and each partner had their own copy at home. It contained emergency contact numbers for stakeholders, utilities providers and contractors, together with staff contact details. It made provision for the service to relocate should the premises be unusable.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and those issued by the Haringey CCG. The practice monitored the CCG website and received alerts when guidelines were issued. The practice used up to date standard templates, which were appropriately revised when new guidance was issued.

- The practice had systems in place to keep all clinical staff up to date and to provide them with information to help deliver care and treatment that met patients' needs. For example, we saw that the practice had a protocol for receiving and disseminating clinical guidance, such as those issued by the National Institute for Clinical Excellence (NICE). Guidelines were received and logged onto the practice's computer system and passed on to clinical staff. We saw that they were discussed at weekly clinical meetings and at bespoke meetings where appropriate. The guidelines were saved in a shared folder, which could be accessed by all staff, as well as by any locums. Staff told us of recent examples relating to emergency contraception and liver-related health issues. We saw the minutes of a meeting relating to paediatric asthma, when relevant NICE guidelines had been discussed by staff.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. One of the GP partners had lead responsibility for monitoring performance.

The published results for 2015/16 showed the practice achieved 100% of the total number of points available being 8.2% above the CCG and 4.7% above the national average. The practice's clinical exception rate was 11.9%,

which was 1.4% above the CCG average and 2.1% above the national average. 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 that cannot be prescribed because of side effects.

This practice was not an outlier for any QOF or other national clinical targets. Data showed:

- The 100% performance for diabetes related indicators was 18.5% above the CCG average and 10.1% above the national average.
- The 100% performance for hypertension related indicators was 5.8% above the CCG average and 2.7% above the national average.
- The 100% performance for Chronic obstructive pulmonary disease was 8.3% above the CCG average and 4.1% above the national average.
- The 100% performance for mental health related indicators was 10.5% above the CCG Average, and 7.2% above the national average.

The practice manager had overall responsibility for monitoring QOF performance, but each clinical area had an identified lead among the GP team, who monitored their own subject area.

There was evidence of quality improvement including clinical audit to highlight where improvements made could be and monitored. They included ones that had been initiated by the practice, as well as some by the local CCG or as a consequence of NICE guidelines. The practice showed us evidence of 13 clinical audits carried out in the last two years. Of these, three were completed-cycle audits and another was done on an annual basis. For example, an audit of care provided to patients with gout was carried out in September 2015 with a second cycle in September 2016. Patients with the condition should have a serum urate blood test annually. The first audit showed that 21 of 72 patients (29%) underwent the test in the preceding 12 months. The practice recognised the figure fell short of the standard and wrote to the patients to increase the uptake of the test. The re-audit showed an increase in the number of patients tested in the past year – 37 of 78, representing 47%. The practice planned to continue with its effort to increase the rates of recall and uptake.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- The practice had a one month induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New members of staff were assigned a mentor and were required to work a three month probationary period.
- The practice made little use of locums. When they were needed, locums were given a face-to-face induction, involving guidance on practice policies and procedures. This included accessing the practice's shared drive and computer desktop resources.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example diabetes and mental health care, safeguarding and infection control.
- 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 stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, and information governance. Staff had access to and made use of a range of e-learning training modules and in-house and external training.
- Staff rotas were prepared a month in advance and made provision to cover both planned and unexpected absences. In addition the practice carried out a daily check of staffing arrangements for the next 48 hours and the following week to ensure there was appropriate GP and nurse cover and to monitor the availability of appointment slots.

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. We saw examples on various patients' records which we reviewed with clinical staff. These included a care plan for adult patients with asthma, which included notes of medications reviews and follow up dates.
- 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. We saw evidence of Multidisciplinary Team meetings (MDTs) taking place on a monthly basis, together with weekly telephone conferences. Ad hoc meetings were held in appropriate cases. We reviewed minutes of palliative care meetings and children at risk meetings. The practice used special patient notes to share information with the local out of hours service provider and ambulance service.

### 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. Staff had received training which included guidance on 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.
- Staff were able to demonstrate a familiarity with children's capacity to consent to treatment, which included consideration of the Fraser Competence Guidelines, relating to contraceptive or sexual health advice and treatment.

### Coordinating patient care and information sharing

# Are services effective?

(for example, treatment is effective)

- The practice computer system contained appropriate templates for use in establishing patients' mental capacity to consent and to record action taken in the patients' best interest. We saw the minutes of a best interest meeting, involving other care professionals.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits, which included one showing that all 71 patients who had undergone minor surgery in the preceding 12 months had completed a written consent form.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. 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 had identified the smoking status of 3,114 patients aged over-16 years and had offered cessation advice and support to 3,047 (98%) of them. Data showed 40 patients had quit in the last 12 months.

The practice's uptake for the cervical screening programme 82% being comparable with the CCG and national average. There was a policy to offer telephone reminders for all patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged

uptake of the screening programme for those with a learning disability and it ensured a female sample-taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with its results for both being comparable with the CCG and national averages.

There was information about the winter flu vaccination programme on the practice website and around the premises. The flu vaccination rates for patients identified as being at risk due to existing health conditions, for example diabetes, was 94.6%, comparable with both the CCG and national averages. Childhood immunisation rates were slightly above local and national averages. For example, rates for the vaccinations given to under two year olds ranged from 90% to 96%. Immunisations for five year olds ranged from 84% to 94%.

Patients had access to appropriate health assessments and checks. These included blood pressure checks for patients aged over 40 years. Data showed that 3,048 patients (41% of 7,458 eligible) had had their blood pressure checked in the previous 12 months, 5,548 (74%) had had the checks done in the preceding five years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Almost all of the 29 patient comments cards we received and the 15 patients we spoke with were positive about the service experienced. Most of the cards and the patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. One card mentioned the receptionists sometimes being rude, but patients' responses to the GP survey suggested this was not an issue - 93% said they found the receptionists at the practice helpful (CCG 83% and national 87%).

We saw that the practice's other satisfaction scores recorded by the GP patients' survey on consultations with GPs and nurses were generally comparable with local averages. For example -

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 79% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 91%.

### 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.

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were comparable with local and national averages. For example -

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. Information about the service was given in the practice leaflet and on the website, but there were no posters informing patients the service was available.

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

## Are services caring?

There were notices and patient leaflets waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs when a patient was recorded as being a carer. The practice had identified 100 patients as carers, being approximately 0.5% of the practice list. The practice was aware that this could be improved and had appointed two staff members to act as "carers' leads" to increase appropriate identification and

recording, so that support could be offered or signposted. It was also updating its records of carers opportunistically. The practice had written information available on the practice website to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone or letter, offering a face-face or telephone consultation. We saw that information about bereavement and support services was available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Early morning and late evening appointments were available for patients not able to attend during normal working hours.
- Emergency consultations were available for children and those patients with medical problems which required urgent consultation.
- There were longer appointments available for patients with learning disabilities and for reviews of long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available for working patients.
- There were disabled facilities and all consultation rooms had step-free access. There were dedicated disabled parking spaces available. An induction loop to assist patients with hearing impairment had been ordered.
- There were baby-changing and breast feeding facilities available.
- An interpreting service was available to assist patients for whom English was an additional language.
- Appointments could be booked, and repeat prescription requested, online.

### Access to the service

The practice opened from 8.00 am to 8.00 pm, Monday to Friday. The telephone lines were staffed between 8.00 am and 1.00 pm and from 2.30 to 6.30 pm, Monday to Friday and from 3.30 to 6.30 pm on Thursday. Appointments were ten minutes long and available between 8.00 am and 7.30 pm. Emergency appointments may be booked on the day. A GP was on triage duty each morning between 8.00 and 9.30 am and during the afternoon between 2.00 and 3.00 pm, able to speak with patients regarding non-urgent matters. Patients were also able to book telephone appointments for set times, if attendance in person at the practice was not necessary. The GPs made home visits to

patients who are unable to attend the practice for reasons of health or disability. Patients were able to register with the practice to allow them to book appointments and order repeat prescriptions online. At the time of the inspection, 20% of patients had registered to make use of the online booking facility.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. There was information given about the out-of-hours provider and the NHS 111 service on the practice website.

The practice operates on the 1st floor of The Hornsey Central Neighbourhood Health Centre. Its reception area and the 17 consultation rooms are accessible by stairs and two lifts. It is generally compliant with disability access and safety requirements. However, at the time of the inspection it did not have an induction loop to assist patients with hearing difficulties. Staff told us a loop had been ordered.

Two patients told us it was sometimes difficult to get appointments, particularly with preferred GPs - one patient mentioned a wait of up to three weeks. Another patient said they always saw different GPs. Three patients said that appointments often ran up to 30 minutes late, but that they were always kept informed by staff. However, we noted from the results of the GP patient survey that the practice was generally comparable to averages with regard to access to the service, for example -

- 50% usually get to see or speak to their preferred GP compared to the CCG average of 51% and the national average of 59%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 93% say the last appointment they got was convenient compared to the CCG average of 88% and the national average of 92%.
- 76% describe their experience of making an appointment as good compared to the CCG average of 67% and the national average of 73%.
- 47% usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 55% and the national average of 65%.
- 47% feel they don't normally have to wait too long to be seen compared to the CCG average of 49% and national average of 58%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and a complaints leaflet available both at the practice and on its website.

We saw that 22 complaints had been made in 2015, with ten since April 2016. The complaints were satisfactorily

handled and dealt with in a timely way, with openness and transparency. They were closely monitored, discussed at staff meetings and reviewed on an annual basis. We saw an example where concerns reported by a relative about a patient's healthcare were discussed at a practice meeting and led to a revision of procedures and another that led to a quality alert being raised by the practice with a local hospital over a patient's referral.

We were told that the practice monitored the results of the GP patient survey. Past results regarding patients' experience at nurses' consultations had been lower than the practice had wished for. Accordingly, it arranged for training to be provided, including peer reviewing each other's work, and we saw evidence that the more recent survey results had markedly improved.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision and supporting business plans to deliver high quality care and promote good outcomes for patients. Its aims and objectives were set out in its statement of purpose as follows -

- “To provide the best possible quality service for our patients within a confidential and safe environment through effective collaboration and teamwork
- To show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem.
- To involve our patients in decisions regarding their treatment
- To promote good health and well-being to our patients through education and information; also utilising electronic processes wherever possible to make care and information more accessible
- To involve and collaborate in multidisciplinary team work including nursing and other allied healthcare professionals in the care of our patients
- To encourage our patients to get involved in the practice through an annual survey and encouragement to comment on the care they receive
- To ensure that all member of the team have the right skills and training to carry out their duties competently, and they have opportunities to discuss and learn from problems or issues that arise at any time.
- To provide safe, effective health primary care services in a responsive way; meeting the needs of our patients
- To support continuity of care – wherever possible through personal continuity; but also through medical record continuity enabled by high quality medical records; and following guidelines based on best evidence, national, and local policy
- To be an active and responsible member in our local health community ensuring our practice and services to our patients are commissioned and provided in a way most likely to meet their needs
- To ensure the practice is compliant with relevant legislation and policy relevant to maintaining trust and confidentiality, as well as to ensure we practice high quality medicine.
- To provide a learning environment where we train student and health professionals and are involved in

teaching and research. This learning and continual improvement ethos runs through everything we do, we look to continuously make incremental improvements and learn lessons from delivering primary health care.”

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice-specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice monitored the results of the GP patients’ survey, together with the Friends and Family Test. It checked and responded to reviews left by patients on the NHS Choices website, ran its own patient surveys and produced action plans where the need for improvements was identified.
- A programme of clinical and internal audit relating to prevalent health issues was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partner GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told they prioritised safe, high quality and compassionate care. Staff told us the partner GPs and practice management were approachable and always took the time to listen to all members of the practice team. Each GP had a lead role for various clinical areas, such as safeguarding, prescribing, etc, and for monitoring performance and collating QOF data.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with

# Are services well-led?

Good 

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

patients about notifiable safety incidents. The partner GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

There was a clear leadership structure in place and staff felt supported by the partner GPs and practice management.

- We saw there was a planned programme of various practice meetings, which included the clinical team, daily senior management meetings, weekly management and monthly admin / reception meetings. Complaints and significant events were reviewed and there were workshops to discuss and address any problems.
- 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. All staff were involved in discussions about how to run and develop the practice, and the partner GPs and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was a suggestions box in the reception area and the practice website had a facility to submit comments, suggestions and complaints online. The practice carried out detailed analyses of complaints directly received, as well as comments left by patients on the NHS Choices website, and had produced action plans to address patients' concerns.

The practice also gathered feedback from patients through the patient participation group (PPG). The PPG was made up of ten regular members who attended meetings every three months. In addition, there was a "virtual group" of around a hundred patients with whom contact was maintained via email. We spoke with the four PPG

members during our inspection. They told us their meetings were attended by a couple of the GPs and that the practice provided full administrative support, preparing minutes, etc. They were positive regarding the group's engagement with the practice. They told us that guest speakers regularly attended their meetings to provide information on various healthcare issues. The PPG members told us suggestions by the group had been acted upon by the practice. These included changing the recorded message patients hear when phoning the practice, to make it more succinct and informative, and the installation of a second scrolling board which informs patients if appointments are running late. We saw that Health Promotion event, supported by the PPG was to take place at the practice the weekend after our inspection. We noted that the PPG was made up predominantly by patients from older age groups. This did not reflect the practice population, which had more patients aged between 25 and 49 than average. This had been recognised and the PPG and the practice were working to increase participation by publicising the group on the practice website. They were considering various means, for example making use of text messages, in future.

The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. It also ran staff surveys every six months, the most recent being in July 2016. We saw the results, which were predominantly positive. 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. There was a "salaried doctors' forum" meeting held quarterly, which staff told us was useful in raising and discussing issues with the partner GPs.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. It is a teaching practice, training registrars (qualified doctors gaining general practice experience) and medical students. Staff told us of support provided by the practice in relation to personal training needs. For example, all staff had protected learning time to support their professional development.

# Are services well-led?

Good 

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

The practice engaged with hospital consultants and in the three months prior to our inspection had arranged for staff discussions on specialisms such as colorectal medicine, dermatology and sports injuries.

The practice was taking part in a CCG pilot scheme involving the appointment of an in-house clinical

pharmacist. It was also participating in the “Teledermatology” pilot, where staff could photograph skin lesions and send the images securely to a consultant dermatologist for diagnosis. This often reduces the need for patients to have a hospital referral.