

# Abernethy House

## 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 of Dr Iqbal and Partners on 12 January 2017. 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.
- 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.
- 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.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice carried out clinical audits demonstrated quality monitoring and improvement
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.



# Summary of findings

- Practice staff 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.
  - Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
  - Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
  - Partners had defined responsibilities for example for safeguarding, the quality and outcomes framework and information governance.
  - The practice involved their patient and public involvement group (PPG) in discussions about practice development.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
  - The provider was aware of and complied with the requirements of the duty of candour.
- The areas where the provider should make improvements:
- Replace the flooring in clinical rooms where the current carpeted areas are unsuitable.
  - Identify patients who are carers. The practice had identified 100 patients who were carers which was less than 1% of the practice's patient list
- 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.

- Clinical staff met every week to discuss incidents, significant events, complex clinical cases and to meet with the community team.
- We saw the results of five significant events in 2016 which had been analysed. The analysis identified key learning points and the actions required by practice staff.
- 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.

The practice had systems in place to keep all clinical staff up to date.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice carried out clinical audits demonstrated quality monitoring and improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and training 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 patients rated the practice higher than others for several aspects of care.

Good





# Summary of findings

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. The practice operated a personal list system which meant the practice tried to ensure patients were able to see the GP they were registered with.
- Patients told us they felt involved in decision making about the care and treatment they received.
- Patients and family members were involved in end of life care planning and patients were supported in their choice of preferred place of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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. For example, the practice reviewed cardiology referrals to ensure patients were referred according to local guidelines.
- The practice was open until 8pm on Thursdays to provide appointments for working patients who could not attend during normal opening hours.
- Patients who required urgent appointments could contact the practice and speak with a triage nurse who would assess the patients' needs. The nurse triage service operated between 8.30am and 11.00am and could allocate urgent appointments up to 48 hours ahead.
- Patients said they found it easy to make an appointment with a named GP but sometimes had to wait longer to see their own GP.
- The practice had refurbished parts of the surgery and had developed plans for further improvements.
- 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.

Good





# Summary of findings

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had a charter which set out their commitment to patients. Staff were clear about the vision and their responsibilities.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Partners had defined responsibilities for example for safeguarding, the quality and outcomes framework and information governance.
- Staff in the practice knew who the GP lead was for each area. Partners met every Wednesday morning to discuss the management of the practice.
- The practice involved their patient and public involvement group (PPG) in discussions about practice development. The group had been active since 2013, meeting bi-monthly and had 13 members. The group had contributed to the development of patient leaflets and representatives we met told us they were particularly proud of the role they had played in setting up the Enfield food bank emergency appeal.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice was a teaching practice, committed to continuous learning and improvement.



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with complex needs.
- Frail and older patients accessed phlebotomy at the surgery for example for anti-coagulation therapy.
- A dressing service was provided for patients with leg ulcers.
- The practice supported 109 patients living in nursing and residential homes in the area.
- All patients have a named GP which they are aware of. Patients were encouraged to see their GP for continuity of care.
- Housebound patients were able to phone for home visits which were screened by the visiting GP before the visit.
- The surgery implemented admission avoidance plans for the most vulnerable of the older people and was actively involved in multidisciplinary (MDT) meetings as well as regular discussion of accident and emergency admissions for older people.
- The surgery has a good working relationship with the local pharmacies especially for organising dispensing boxes (Dosset Boxes) for patients

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nurses specialised in the care of patients with diabetes and asthma.
- There were effective call and recall systems which included letters to patients, bulk mail, text messages and telephone calls. Three staff were engaged in contacting patients about their appointments.
- The practice proactively carried out tests and investigations.
- The practice performed well for all the quality and outcomes framework indicators (QOF). For example, for diabetes the practice performed better than the average of other practices within the CCG and national averages for a range of indicators.



# Summary of findings

## Families, children and young people

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

Good



- Six postnatal checks for mothers, eight week baby check clinics and baby immunisations were offered on the same day.
- Well woman clinics were held five times a week with a range of early morning, afternoon and early evening appointments for cervical screening and contraception. Contraceptive services included coil fitting and implants. Nurses were trained to initiate contraception as well as to insert contraceptive coils.
- The practice used templates for fast referral to antenatal clinics. The practice held joint GP and midwifery antenatal clinics monthly.
- The surgery also offered a triage system for emergencies in the morning run by nurses where a patient who needed an appointment for an emergency can discuss their problems and be given advice over the phone or seen by the nurse or their GP on the same day.
- Parents used the telephone nurse triage system for advice about children's minor illnesses
- The practice met monthly with a health visitor to discuss any problems regarding vulnerable children.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 77% of women aged 25-64, attending cervical screening compared with 73% for other practices in the CCG, the national average was 74%.
- 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

## 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)

Good





# Summary of findings

- The surgery opened at 8.00am and there was an extended surgery open until 8pm on Thursdays. Patients could book appointments and order prescriptions on line.
- The practice sent patients text reminders about their appointments.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

- GPs used an alert box to alerts staff dealing patients who needed to see a GP urgently when they rang for an appointment.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- GPs carried out annual health checks and practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## 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).

- 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is slightly worse than the national average.

Good





# Summary of findings

- The results for all other areas of mental health care were comparable to other practices in the CCG and the national average.
- The practice liaised with the local mental health team regarding mental health issues.
- The practice invited patients with a mental health condition for a health check at least once a year.
- The practice was flexible about arranging appointments for mental health patients recognising that their conditions might deteriorate unexpectedly.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff had a good understanding of how to support patients with mental health needs and dementia.



# 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 better than local and national averages. Two hundred and thirty one survey forms were distributed and 106 were returned. This represented 0.8% of the practice's patient list.

- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards, 39 which were positive about the standard of care received.

We spoke with three patients during the inspection. Two of the three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient said there had been many changes to the GPs at the surgery and they found it difficult to get an appointment with a GP who understood their history.

## Areas for improvement

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

- Replace the flooring in clinical rooms where the current carpeted areas are unsuitable. Identify patients who are carers.
- The practice had identified 100 patients who were carers which was less than 1% of the practice's patient list.



# Abernethy House

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Abernethy House

Abernethy House is located in the centre of Enfield close to the main shopping area and the district council offices. There was no parking available for patients at the surgery but public car parks were located close by. The practice's list size is approximately 12,806 patients. The list size has grown by 900 patients since 2014. The practice was part of Enfield Clinical Commissioning Group (CCG)

There are eight GPs in total (four male and four female), three partners and five assistant GPs some of whom worked part time. Female GPs worked 25 sessions per week. The partners worked 26 sessions a week. The salaried GPs worked 33 sessions per week. There are five practice nurses who work a total of 147 hours per week. There are 15 support staff at the practice including the practice manager, reception staff and prescription clerks.

The building was owned by the three partners. There were nine consultation rooms and two nurse treatment rooms. The practice planned to add an additional consultation room and a lift. There are plans to refurbish two consultation rooms.

The practice supports practice nurse and GP training. The practice was an approved teaching practice for GPs. There was one GP registrar and one FY2 when we inspected. There was also one trainee nurse

The practice is open from 8.00 am until 6.45 on Monday, 8.00 until 6.30 on Tuesday, Wednesday and Friday. On Thursdays, the practice was open from 8.00 am until 8pm. Evening opening on Thursdays provided bookable appointments for patients who worked or found it difficult to access the service at other time.

Patients who required the services of a GP out of hours contacted the NHS out of hours 111 service.

The number of children and babies under four years was greater than the national average. The number of female patients in the age 30 to 40 age group and over 70 was higher than the national average. The number of young people aged 10 to 20 was slightly less than the national average. Life expectancy was 81 for men and 85 for women compared with 80 and 84 in the CCG and 79 and 83 nationally. 56% of patients at the practice had a long standing health condition compared with the CCG average of 51% and 54% nationally

## 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.



# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2017. During our visit we:

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

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

- To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:
- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?
- We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:
- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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



# Are services safe?

## Our findings

### Safe track record and learning

- There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording 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).
- 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.
- Clinical staff met every Monday afternoon to discuss incidents, significant events, complex clinical cases and to meet with the community team.
- We saw the results of five significant events in 2016 which had been analysed. The analysis identified key learning points and the actions required by practice staff. For example, the need to check all microbiology reports thoroughly to ensure a problem was not missed.

### 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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Staff were able to show us how they accessed the policy.
- The practice met with their health visitor monthly to discuss vulnerable children including those who were on the child protection register. We saw the notes of meetings where children had been discussed. The practice's computer system flagged children on the register and other members of the household. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Non clinical staff had received training within the practice
- There were notice in consultation rooms which 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. However, we found the arm of the lamp used during surgical procedures was dusty. Apart from this, we observed the premises to be clean and tidy.
- One of the partners was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw a recent infection control audit which had been carried out by the CCG's infection control lead which showed good levels of compliance with national guidance. The report highlighted that flooring in some clinical rooms was unsuitable. When we spoke to the practice manager about this they were aware the carpeted areas were unsuitable. would be dealt with as part of a refurbishment plan.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions. The practice's computer system flagged when a patients repeat prescriptions required review. Patients could submit a repeat prescription request by using a form, request online or by asking their pharmacist. The practice used electronic prescribing



## Are services safe?

which meant patients could collect their medicines from the pharmacy when the prescription was authorised by the GP. 50% of patients registered at the practice were signed up for electronic prescribing. There was a policy in place for reviewing patients and issuing repeat prescriptions. Uncollected prescriptions were monitored to ensure patients were collecting their medicines. Administration staff reviewed uncollected prescriptions and would let the GP know if a patient had not collected their medicines if it happened twice

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Medicines alerts forwarded to the practice were distributed to staff throughout the practice by the practice manager and were discussed at the practice's weekly clinical management group. Practice staff were able to provide examples where guidance on the use of medicines had been reviewed for example ketoconazole and the risk of liver damage. Staff administering medicines had annual resuscitation and anaphylaxis training. Staff administering immunisations had completed the necessary training and completed regular updates. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Consultation rooms were locked and accessed by a keypad. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation for example for vaccinations. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Nurses participated in the local nurse's forum where they learned about any changes to prescribing or immunisation practice.
- Nurses who provided immunisations attended annual updates and cascaded information to other staff within the practice. We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Medical staff within the practice covered for each other's holidays and sick leave. The practice rarely used locum medical staff. More experienced partners dealt with telephone consultations. Locums were checked to ensure they had all the appropriate authorisations in place.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had 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.



## Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The practice was located next door to another GP surgery. There was an agreement that the practice could use the premises next door in the event of a major disruption to the service.



# 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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice used national guidelines and guidelines developed by their (CCG) and medicines management team. The practice also used scriptswitch on their computer system which incorporated the latest national guidance on the use of particular medicines for example reducing the number of medicines prescribed for patients with diabetes.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared with 94% in the CCG and 95% nationally

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. Exception rates were similar to CCG rates for most conditions. The QOF exception rate was 6% overall compared with the CCG average of 4% and 6% nationally.

- The highest number of exceptions were for mental health 13% compared to 67% in the CCG and 11% nationally. Heart failure 12%, compared to 7% in the CCG and 9% nationally

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2015 to 31/03/2016 showed:

- Performance for diabetes related indicators was better than the national average. The percentage of patients with diabetes, on the register, in whom the lastHbA1c was 64 mmol/mol or less in the preceding 12 months was 87% compared to the CCG average of 74% and 78% nationally.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 83% compared with the CCG average of 76% and the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less 88% compared to the CCG and national average of 80%.
- Performance for most mental health related indicators was better than the CCG and national performance. However, the number of patients with dementia reviewed in a face to face meeting in the previous 12 months was less than the CCG of 75% or the national average of 84%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% compared to the CCG average of 93% and the national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 89%, compared with the CCG average of 92% and 89% nationally.
- The practice held registers for patients with a mental health condition for patients with a learning disability and palliative patients.



# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included educating patients about using their inhaler more effectively, as part of their asthma review. The audit identified that only 50% of patients complied with the recommended usage. The practice implemented several changes to the process for asthma reviews and carried out a second cycle audit to assess the effectiveness of the changes. The second cycle audit results found things had improved but there was still further scope for improvement.
- An audit had been carried out on diabetic patients using three or more medicines. The practice aimed to reduce the number of medicines patients were taking.
- Minor surgical procedures were audited annually to check that pathology results had been received and there was no cancer present in skin lesions, which had been removed. The practice checked that the pathology results were received within four weeks of the procedure being completed.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Practice nurses were appraised annually and accessed continuing professional development through the CCGs nurse forum. The CCG also provide annual immunisation update training which practice nurses accessed. The nurse who attended the training update cascaded information within the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one practice nurse specialised in diabetes care whilst the other nurse specialised in asthma.
- 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 and discussion at practice meetings. The learning needs of staff were identified at appraisals, meetings and reviews of practice development needs. Staff told us they had protected learning time to enable them to maintain their knowledge and skills.

- Nurses at the practice had completed their nurse re-validation. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Practice staff had good links with district nurses and the intermediate care team, the health visitor assigned to the practice and palliative care team. The practice held multi-disciplinary team meetings to discuss the co-ordination of patients' care.
- The practice referred older people to an older people's assessment unit close by. Staff were able to access advice from specialists based at one of the hospitals.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- Practice staff told us they could refer patients to community services electronically but the practice and community services did not share patient records.
- Each GP had their own cohort of patients.



# Are services effective?

## (for example, treatment is effective)

- The practice shared information with the ambulance and out of hours service about patients who were approaching the end of life. This had resulted in more patients dying at home or in their preferred place of care.
- Practice staff were clear about the process for two week wait referrals if GPs suspected a risk of cancer. The practice logged when the referral was emailed to the hospital and asked patients to contact the practice if they had not received an appointment within two weeks.
- There were arrangements in place for informing patients about abnormal results. GPs made a note on patient's records which administrative staff could relay to patients.
- The local out of hours service notified the practice via email about patients they had seen.
- All the GPs in the practice supported the eight residential homes in the area. There was a rota which allocated responsibility for the residential homes. A named GP provided medical care for patients living in the one nursing home the practice supported.
- The practice worked with a community matron, an intermediate care and falls team. We saw the minutes of meetings where patient's needs were discussed with these teams.

### Consent to care and treatment

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

- We saw examples of consent recorded in patients' records. The practice's information leaflet for patients described how patient under the age of sixteen could discuss any issues or concerns confidentially with GPs and nurses at the practice. The practice audited consent for minor surgery and we saw examples of completed consent forms in patient's records.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and an older people's assessment centre. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 73% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had female sample takers. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results.
- Childhood immunisation rates for some vaccinations given were slightly below the national standard for three of the four immunisations given to two year olds. The national standard is 90%. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 91% and five year olds from 77% to 95%. When we spoke to the practice about this they were not aware that their immunisation rates were lower than expected. They told us they reviewed their immunisation rates and managed the call and recall system within the practice.
- Patients had access to appropriate health assessments and checks. These included 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 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.
- The practice operated a personal list system which meant the practice tried to ensure patients were able to see the GP they were registered with.
- Comments from patients referred to, "All staff being patient and caring." 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.

39 of the 40 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 four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

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

- 94% 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%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 89% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%

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

Patients told us they felt involved in decision making about the care and treatment they received. Patients and family members were involved in end of life care planning and patients were supported in their choice of preferred place



## Are services caring?

of care. 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.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example appointments were available outside of school hours and the premises were suitable for children and babies.

We saw care plans for four patients and saw these had been developed in discussion with patients.

- The practice reviewed the care of patients with long term conditions and saw there were plans for reviewing their care and these reviews had been carried out.
- The practice reviewed patients who were at risk of admission to hospital to identify if the practice could reduce the risk. This included reviewing patients discharged from hospital to reduce the likelihood of further admissions. The practice kept a register of 214 patients who had an unplanned admission.
- We saw examples of discussions with patients and carers about care at the end of life recorded in patient's records. Staff told us they worked closely with the local palliative care team.
- The practice contacted families who were bereaved to offer their condolences and access bereavement counselling.

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 higher than local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (0.8% of the practice list).



# 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 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 for example reviewing cardiology referrals to ensure patients were referred according to local guidelines. The practice was open until 8pm on Thursdays to provide appointments for working patients who could not attend during normal opening hours. Patients who required urgent appointments could contact the practice and speak with a triage nurse who would assess the patients' needs. The nurse triage service operated between 8.30 and 11.00 am. Appointments with a practice nurse were provided on Tuesday evenings until 7pm.
- Patients could contact the practice between 2 pm and 4pm for test results or to speak to the nurse or GP. If test results were abnormal the practice contacted patients to discuss them. Patients were sometimes asked to contact the practice at the end of the surgery.
- GPs carried out annual health reviews for patients with a learning disability. There were longer appointments available for patients with a learning disability.
- Home visits were available for patients who were housebound. Patients who required a home visit were asked to contact the practice before 10.30am if possible.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- Requests for repeat prescriptions could be made by submitting a repeat prescription request to the surgery or requesting on line. The practice aimed to complete repeat prescriptions within 48 hours. The practice did not accept repeat prescription requests over the telephone because of the risk of communication errors.
- The practice could arrange a telephone interpreting service or to be present during consultations.
- The practice provided planned open sessions for flu vaccinations for people aged over 65 and people with conditions such as coronary heart disease.
- Midwives provided antenatal and postnatal care at a clinic every Thursday in the working alongside GPs in the practice.
- A phlebotomy service was available in the practice on Thursday afternoons for elderly and frail patients. This meant patients could have their bloods taken at the practice and not have to travel to hospital.
- Well women clinics were held five days a week. Clinics were held at a variety of different times to provide flexible appointment times for women who worked or had school age children. Two clinics started at 8.30 and three were held in the afternoon. Appointments were available until 6pm on Mondays and between 4.00 and 5.30 on Friday afternoons.
- Developmental checks were carried out by GPs on babies when they were eight weeks old. Appointments were arranged so that the baby could be immunised on the same day.
- Travel immunisations were provided by the practice including yellow fever vaccinations.
- Minor surgery was provided by one of the partners in the practice.
- The practice provided medical support for one nursing home with 24 patients and 12 residential homes with a total of 85 patients. Patients' needs were assessed when they were admitted to the home and advanced care plans including 'do not resuscitate' notices were applied as appropriate.

### Access to the service

The practice was open from 8.00am until 6.45pm on Monday, 8.00am until 6.30pm on Tuesday, Wednesday and Friday. Appointments were available from 8.30am every morning and 6.30pm in the evening. On Thursdays the



# Are services responsive to people's needs?

(for example, to feedback?)

practice was open from 8.00am until 8pm. Evening opening on Thursdays provided bookable appointments for patients who worked or found it difficult to access the service at other time.

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.

- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 78% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- Patients requesting a same day appointment were asked to speak to the practice nurses who assessed the urgency and allocated an appointment up to 48 hours ahead. The nurses completed a clinical nurse specialist course on minor illness and were able to prescribe.
- Comment cards referred to, "Always being able to see a doctor and clerical staff are really efficient." Another patient commented that they were able to see a GP but sometimes they had to wait two or three weeks if they wanted to see their named GP." Another patient commented that they, "Have always managed to get an appointment to fit around my working hours".
- Practice staff told us a female doctor was always available.
- Patients could book appointments up to six weeks ahead.
- There were pre-bookable appointments and appointments could be booked up to 48 hours ahead by speaking with a practice nurses who assessed the urgency of patient's condition. Patients could book appointments on line

- People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. Practice nurses provided a telephone triage service to assess patients' needs.

## Listening and learning from concerns and complaints

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

- We saw 16 complaints received within the previous 12 months and saw the practice had investigated appropriately and provided comprehensive responses. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.
- A leaflet had been developed for patients describing the practices complaints and comments policy. The comments and complaints leaflet explained that the practice followed national guidance and reassured patients that if they complained they would not experience any discrimination or negative impact on the care they received. The leaflet informed patients that the practice aimed to acknowledge a complaint within two working days and to investigate within 10 working days.
- Patients would be offered an explanation in writing or a face to face meeting and an apology where this was appropriate. The leaflet stated that the practice would identify what they could do to make sure the problem did not happen again. The leaflet provided contact details for other organisations who dealt with complaints including the independent complaints and advocacy service (ICAS) for patients who needed support in making a complaint



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a charter which set out their commitment to patients. This confirmed the practice's commitment to promote and maintain the best quality healthcare for all patients regardless of race, gender, religious or cultural beliefs. The charter also described the practice's commitment to keeping waiting times to a minimum, offering same day appointments for urgent medical problems, and offering patients the opportunity to see their medical records.
- Partners met approximately every three months to discuss practice strategy and development.
- The practice had identified their vision and values, which were regularly monitored. For example, the practice was committed to supporting continuity of care for patients with their named GP and being honest in recognising any mistakes and sharing the learning with staff. Patient comments cards referred to how well run the practice was. One patient said, "I have been a patient here for 37 years and it is very well run."
- We saw the notes of a strategy development meeting held during December 2016. These showed the structure of the practice team was discussed and consideration was given to employing healthcare assistants and pharmacy support. There was also a discussion about what the practice might look like in five years' time.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This determined the structures and procedures in place.

- There were weekly meetings every Monday attended by all staff in the practice. Non clinical staff attended for part of the meeting to discuss administrative and organisational issues.

- We saw examples of minutes from the weekly meetings which showed patients with complex needs were discussed including their care and social circumstances.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Staff were able to tell us about the practice's performance.
- Clinical and audit was used to monitor quality and to make improvements. There were arrangements for identifying and managing risks.

### 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.

- Partners had defined responsibilities for example for safeguarding, the quality and outcomes framework and information governance.
- Staff in the practice knew who the GP lead was for each area. Partners met every Wednesday morning to discuss the management of the practice.

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

- Staff told us they understood the practice's goals and objectives. They said the practice aimed to: provide the best possible care for all patients without prejudice, promote healthy lifestyles and prevention of disease by patient education through face to face consultations and electronic means. The practice aimed to provide reasonable continuity of care for patients who will have a named GP, work with other primary and secondary care organisation to make the patient journey in the system as effective and as safe as possible and work with the Patient Participation Group to improve the patient experience. Staff told us they also encouraged patients to provide feedback and were honest in recognising mistakes and sharing the learning points with staff. The practice also aimed to train GPs and nurses to provide good patient centred care.



# Are services well-led?

Good 

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

- Practice staff described the culture as being inclusive. Staff told us they felt supported and there was good team working.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment: The practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence. There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held team meetings every Monday. Clinical staff met to discuss service issues and the care provide to patients. Administration staff joined the meeting to discuss issues relating to the organisations of the practice.
- 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. The partners met every three months to discuss the practice's strategy and development.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.
- The practice manager met with the partners to discuss the practice's development.
- We met with four members of the practice's patient and public involvement group (PPG) including the Chair of the group. The group had been active since 2013, meeting bi-monthly. The group had 13 members. The representatives we met told us they were particularly proud of the role they had played in setting up the Enfield food bank emergency appeal. They had also contributed to revising patient leaflets and looked at why some patients did not attend their appointments.
- The practice had carried out a patient satisfaction survey in October 2016. 100 patients had responded to the survey.
- The Chair of the PPG attended meetings with the chairs of PPGs from other practices across the borough. They said this was an opportunity to learn more about public health issues.
- PPG representatives told us the practice welcomed the involvement of the PPG and they felt staff were open about some of the challenges they faced. They told us the practice had improved over the last few years. They said the accommodation had improved and the surgery was more welcoming. They told us the practice had responded positively to patients who were unhappy about a call handling system which they discontinued as a result.
- Staff told us they felt confident about contributing to discussions about the practice.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice had a Quality, Innovation, Productivity and Prevention (QIPP) programme. QIPP is a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS.
- As part of the quality improvement programme the practice had reviewed the workload of the duty GP, arrangements for warfarin prescribing, the use of novel oral anticoagulants (NOACs) and kidney function alert.

## 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.



# Are services well-led?

Good 

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

- The practice had recently changed their computer system. GPs and staff spoke positively about how the new system supported the effective administration of the practice.
- The practice were planning to extend online patient access following the implementation of the new system. GPs reviewed their prescribing practice using information produced by the CCG prescribing team. For example the CCG had set practices a target for 80% of patients to use a mylife pen.

- The practice had achieved the 80% target for the period August – October 2016 and the practice had reduced their use of pregabalin to 12.6% of patients with neuropathic pain against the CCG target of 15%.

The practice also reviewed patients who had attended local accident and emergency services, comparing the number and type of attendance with other practices in the CCG to identify the scope for reducing attendances. The practice was actively involved in planning to be part of a multi-practice federation. This was an arrangement for practices working together to provide a range of services to a larger population group.