

Oakwood Medical Centre

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakwood Medical Centre on 4 August 2016. Overall the practice is rated as good.

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

- The practice was unable to provide evidence that all staff had undergone all mandatory training, this included information governance training for all staff, and infection prevention and control.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. 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.

The areas where the provider must make improvement are:

Summary of findings

- Ensure all staff are kept up to date with mandatory training in line with national guidance and guidelines.

The areas where the provider should make improvement are:

- To consider how to improve the appointments system for the benefit of patient access.
- To review its GP patient survey results and consider ways to improve patient satisfaction.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was a lack of evidence of mandatory training for all staff including: infection prevention and control; and information governance. However, all staff we spoke to were able to describe their role and responsibilities in these areas.
- 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 an 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Some patients we spoke to on the day of inspection were not satisfied with the appointment system. They found it difficult to get an appointment, particularly if phoning the practice to arrange one. Patients agreed that if it was an emergency the practice would make an appointment available. The practice was aware of this and had made changes to its appointment system in an effort to improve access to appointments.

Summary of findings

- Patients said 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.
- 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.

- There was a hearing loop in reception for the benefit of patients with impaired hearing.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in local audits.
- There was continuity of care, with urgent appointments available the same day. However, some patients said they found it difficult to make an appointment with a GP.
- 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.

- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Not all staff had received training in clinical governance, however, the staff we spoke to during the inspection were able to explain their roles and responsibilities in this area.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

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 enhanced needs.
- The practice offered patients aged 75 or older the NHS over 75 health checks.
- Following a bereavement the GP would write expressing their condolences and would advise the family about how to contact support groups.

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.
- 83% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less compared to a CCG average of 76% and a national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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.

Summary of findings

- 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.
- 88% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared to a CCG average of 81% and a national average of 82%.
- 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).

- 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.
- Appointments were available on Monday evenings from 6.30pm to 7.00pm and Saturday mornings from 8.30am to 11.45am for patients who could not attend during working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months compared to a CCG average of 88% and a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and one survey forms were distributed and 99 were returned. This represented over 1% of the practice's patient list.

- 59% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% 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 20 comment cards which were all positive about the standard of care received. Patients said that the staff were helpful and caring. Some patients, however, mentioned difficulty in getting appointments.

We spoke with 18 patients during the inspection. All 18 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Eighty-five percent of patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The area where the provider must make improvement is:

- Ensure all staff are kept up to date with mandatory training in line with national guidance and guidelines.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- To consider how to improve the appointments system for the benefit of patient access.
- To review its GP patient survey results and consider ways to improve patient satisfaction.

Oakwood Medical Centre

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 practice manager specialist adviser and an Expert by Experience.

Background to Oakwood Medical Centre

Oakwood Medical Centre provides primary medical services in the London Borough of Enfield to approximately 7450 patients and is one of 49 member practices in the NHS Enfield Clinical Commissioning Group (CCG).

The practice population is in the fourth least deprived decile in England. The practice has surveyed the ethnicity of approximately 99% of the practice population and has determined that 73% of patients identified as having white ethnicity, 9% Asian, 13% black and 5% as having mixed or other ethnicity.

The practice operates from a purpose built property with most patient facilities on the ground floor that is wheelchair accessible. There are offices for administrative and management staff on the ground floor.

It operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: alcohol intervention; childhood vaccination and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; improving patient online access; influenza

and pneumococcal immunisations; learning disabilities; minor surgery; risk profiling and case management; rotavirus and shingles immunisation and unplanned admissions.

The clinical team at the surgery is made up of one full-time male and two part-time female GP partners. There are two part-time salaried GPs, one male and one female. The doctors provide 28 clinical sessions per week. There are two part-time female practice nurses, a part-time specialist diabetic nurse and a full-time healthcare assistant (HCA).

There are 11 administrative reception and clerical staff including a full-time practice manager.

The practice is open between Monday 8.00am to 7.00pm, Tuesday to Friday 8.00am to 6.30pm and Saturday 8.30am to 11.45am.

Appointments are from:

Monday 9.00am to 1.00pm and 3.30pm to 6.30pm.

Tuesday to Friday 9.00am to 1.00pm and 3.30pm to 6.30pm.

The practice has opted out of providing out of hours (OOH) services to their own patients. When closed it directs its patients to the OOH provider for NHS Enfield CCG.

Extended hours are available on Monday evenings 6.30pm-7pm and Saturdays 8.30am-11.45am intended for the working population.

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

The practice was previously inspected by CQC on 28 May 2014 as a pilot inspection for our current inspection scheme, at that time no areas of concern were identified.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 August 2016. During our visit we:

- Spoke with a range of staff (GPs, practice manager, nurses, administrators and receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a receptionist telephoned the wrong patient, on realising the mistake the member of staff apologised to the patient and contacted the correct patient. The practice investigated the incident and reminded staff that when busy they should ask for assistance.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 2.

- A notice in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- Blank prescription forms and pads were securely stored but there was no system in place to monitor in use prescription paper. Immediately following our inspection the practice introduced a system to monitor its use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. 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. PSDs are written instructions from a qualified and registered prescriber

Are services safe?

for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed four personnel files and found that none contained evidence that all staff had received all mandatory training, including: infection control; and information governance. Staff we spoke to were able to explain their roles and responsibilities in these areas.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection prevention and 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 and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were just under 100% of the total number of points available.

On review of the invitation letters the practice was using we found that these were very brief and not signed by a GP. The practice immediately implemented more robust letters with GP signatures, and would monitor how patients responded.

Data from 2014-15 showed:

- Performance for diabetes related indicators was above the national average. For example, 83% of patients with diabetes, on the register, had a last blood pressure reading in the preceding 12 months of 140/80 mmHg or less compared to a CCG average of 76% and a national average of 78%.
- Performance for mental health related indicators was above the national average. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months (CCG average 90%, national average 90%).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, one of these was a two cycle completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of the prescribing of warfarin, an anticoagulant medicine normally prescribed to patients at risk of formation of blood clots. The practice decided to audit the measure of blood coagulation that was recorded in patients notes as the standard was to record this for 100% of patients prescribed warfarin. During the first audit the practice found that seven out of 29 patient's records had this measure documented in their notes. It held meetings with all clinical staff and reception staff and agreed a standard that repeat prescriptions for warfarin would not be issued unless patients provided results of recent coagulation testing. It also wrote to all affected patients to explain the need to provide coagulation test results before repeat prescriptions would be issued. The second audit found that 21 out of 29 patient's records showed that the test results were documented. The practice discussed the results and issued instructions that unless patients provided evidence of test results prescription requests must be referred to a GP to make a clinical decision, which the GP would have to record in the notes before authorising the issuing of a prescription.

Effective staffing

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

- Not all staff had received training that included: infection prevention and control and information governance. Staff had access to e-learning training modules and in-house training. Staff we spoke to during the inspection were able to explain their roles and responsibilities in these areas.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

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 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.

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.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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, advanced diabetic care and asthma. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 14% to 81% (CCG average 11% to 60%) and five year olds from 70% to 80% (CCG average 65% to 86%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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 area to discuss their needs.

All of the 20 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. Some patients mentioned difficulty in making an appointment. The practice told us that they had tried various changes to improve the appointment system including a phone triage system.

We spoke with six 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 comparable to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 80% 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%.
- 96% 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%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 85% 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%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.
- However only 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%. The practice told us that this had been raised at clinical meetings to make GPs aware of the need to involve patients in their care.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (6% of the practice list). The practice had a carers lead and had organised a talk from its CCG to emphasise advice available to carers. Written information was available, to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours clinics on Monday evenings from 6.30pm to 7.00pm and on Saturdays from 8.30am to 11.45am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice leaflet was comprehensive, giving details on a range of information including: how to make an appointment; how to register as a permanent or temporary resident; ordering repeat prescriptions; contacting a doctor outside of surgery hours; and how to complain or give a compliment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available, and a hearing loop in reception for the benefit of patients with impaired hearing.
- The practice had provided a disabled parking space in its car park for the benefit of disabled patients.

Access to the service

Appointments were available on Monday to Friday from 9.00am to 1.00pm and 3.30pm to 6.30pm.

The practice had opted out of providing out of hours (OOH) services to their own patients. When closed it directs its patients to the OOH provider for NHS Enfield CCG.

Extended hours appointments were available on Monday 6.30pm to 7.00pm and Saturday 8.30am to 11.45am.

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

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment was below national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 59% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were not always able to get appointments when they needed them; however emergency appointments were always made available if necessary. The practice told us that some reception staff had left resulting in it employing trainees who were still gaining experience. There were also two new job-sharing reception managers who were developing in their roles. It had discussed how it could improve access for patients wishing to contact the practice, and had decided to continue to promote the use of online appointment booking.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including on the practice website and practice leaflet.

We looked at 15 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing

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

with the complaint. Lessons were learnt from individual concerns and complaints, and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, a patient complained that the practice

had lost their prescription request. The practice reviewed the complaint and apologised to the patient and discussed its repeat prescription policy to ensure that the same problem would not in the future.

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 mission statement which was displayed on its website.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- While not all staff had received formal training in information governance and infection prevention and control, they were able to explain their roles and responsibilities in these areas.
- 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.
- An understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems 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 an apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG asked the practice to improve the signposting around the building, and the practice undertook improvements to meet the concern.
- The practice had gathered feedback from staff generally through staff meetings, appraisals, social events during the year and discussion. Staff told us they would not

Are services well-led?

Good 

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff suggested that there should be a disabled car

parking space in the car park. The practice agreed and had created a disabled parking space. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Maternity and midwifery services	
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	<p>The provider had not ensured that all staff had completed mandatory training, this included information governance and infection prevention and control.</p> <p>This was in breach of regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>