

# Winchmore Surgery

## Quality Report

808 Green Lanes, Winchmore Hill, London, N21 2SA

Tel: 020 8350 5000

Website: <http://www.winchmorehillpractice.nhs.uk>

Date of inspection visit: 11 November 2015

Date of publication: 25/02/2016

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7

### Detailed findings from this inspection

Our inspection team	10
Background to Winchmore Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	13
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Winchmore Surgery on 11 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found it easy to make an appointment; and that there was continuity of care, with urgent appointments available the same day.

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

The areas where the provider must make improvements are:

- Ensure that all staff undertake basic life support training to the appropriate level in accordance with UK Resuscitation Council guidelines.

In addition the provider should:

- Ensure that all emergency equipment is regularly tested to ensure it is in good working order.
- Ensure that the practice follows NHS guidelines in relation to infection control. Specifically, checklists and cleaning schedules for each area of the practice; highlighting frequency, how and what to be cleaned and with what equipment.
- Obtain written references for recruitment of all staff.

# Summary of findings

- Ensure that all staff receive an annual appraisal.
- Ensure that all complaints are acknowledged in accordance with the timescales outlined in the practice's complaints policies and procedures.
- Look at ways to improve access for patients wanting to see their preferred GP

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.

**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 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 there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- However, not all staff had the skills, knowledge or experience to deliver effective care in the case of an emergency. Non-clinical staff had not received Cardiopulmonary resuscitation (CPR) or basic life training within the last 12 months.

### Are services effective?

The practice is rated as good for providing effective services, as there are areas where improvements should be made.

**Good**



- Data showed patient outcomes were at or above average for the locality.
- 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.
- All but one member of staff had had an appraisal.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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 had the lowest rates of patients attending accident and emergency and emergency admission in the CCG area as a result of its duty doctor system and management of its most high risk patients.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- It 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 this.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

- 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

### People with long term conditions

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

Good



- Both GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 67.8% of patients with diabetes, on the register, in whom the last blood sugar level was 59mmol/mol or less in the preceding 12 months was similar to the CCG average and national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 84.2% compared with a CCG average of 89.4% and a national average of 91.4%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people 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 was 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.
- The practice's uptake for the cervical screening programme was 80.1%, which was comparable to the CCG average of 81.3% and the national average of 81.7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

The practice was rated 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.

**Good**



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

The practice was 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 those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.
- The practice has a Carer's champion who helps to identify carers and liaise with services to get advice and support in place.

**Good**





# Summary of findings

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

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

- Performance for mental health related indicators were above to the national average. For example: 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a CCG average of 88.3% and a national average of 88.3% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 93% compared with a CCG average of 89.9% and a national average of 89.5%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Winchmore Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The national GP patient survey results published July 2015 showed the practice was performing in line with local and national averages with the exception of access to a GP of choice and access to the surgery by telephone and helpfulness of receptionists (where performance was below local and national averages). There were 107 responses and a response rate of 0.65% of the patient population.

- 56% found it easy to get through to this surgery by phone compared with a CCG average of 67% and a national average of 73%.
- 77% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 29% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 93% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 91%.
- 77% describe their experience of making an appointment as good compared with a CCG average of 70% and a national average of 73%.
- 51% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 56% and a national average of 65%.

- 49% feel they don't normally have to wait too long to be seen compared with a CCG average of 48% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received twenty three comment cards which were positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment.

Patients informed us that they were treated with kindness and compassion by staff at the practice. They felt well supported and cared for. We also spoke with two members of the PPG and eight patients attending the practice for appointments on the day of our visit. They told us they could not fault the care they had received and felt the practice was responsive to their needs.

### Background to Winchmore Surgery

Winchmore Surgery is situated in Winchmore Hill, North London within the NHS Enfield Clinical Commissioning Group (CCG). The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). The practice provides a full range of enhanced services including adult and child immunisations, facilitating timely diagnosis and support for people with Dementia, and minor surgery.

# Detailed findings

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury, Family planning, Diagnostic and screening procedures.

The practice had a patient list of just over 16,273 at the time of our inspection.

The staff team at the practice included five GP partners (three female and two male), three salaried GPs (two female and one male), one nurse practitioner (female), and one practice nurse (female), two healthcare assistants (both female). The practice has one practice manager, one reception supervisor and fifteen administrative staff. All staff work a mix of full time and part time hours. The practice is a training practice with four trainees.

The practice is open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries are offered on Monday and Wednesday evenings from 6.30pm to 8.30pm. The surgery is closed on Saturday and Sundays. To assist patients in accessing the service there is an online booking system, and a text message reminder service for appointments and test results. Urgent appointments are available each day and GPs also complete telephone consultations for patients. An out of hour's service provided by a local deputising service covers the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice website as well as through posters and leaflets available at the practice. There are approximately fifty seven GP appointment sessions available per week and fifteen sessions available per week for the practice nursing staff this excludes telephone consultations.

The practice had a lower percentage than the national average of people with a long standing health conditions (49% compared to a CCG average of 51% and a national average of 54%); and a lower percentage than the national average of people with health related problems in daily life (47% compared to a CCG average of 46% and a national average 49%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and in line with the national average for females.

CQC (Registration) Regulations 2009 require registration of all regulated activities carried on by the provider. During

our visit we found that the provider had been carrying on the regulated activity of surgical procedures without registration. The regulated activities that require registration with CQC are set out in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must register for this regulated activity.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

This provider had not been inspected before and that was why we included them.

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

# Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 November 2015. During our visit we spoke with a

range of staff including GPs, a nurse practitioner, and four administrative staff. We spoke with eight patients who used the service including two representatives of the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed twenty three comment cards where patients and members of the public shared their views and experiences of the service. We also reviewed the practice's recent patient satisfaction survey results from July 2015, provided prior to our visit.

# 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, two patient letters had been accidentally placed in the wrong envelopes which resulted in two patients receiving incorrect letters. Staff discussed quality assurance processes in their administrative meeting to ensure that the error did not reoccur. Another example, a patient with an undetected rare congenital cardiac diagnosis was reviewed by clinical staff. Following the case discussion the GP, who had previously seen the patient, reflected on their own consulting styles and went for further training at Great Ormond Street Hospital where they shadowed a specialist to gain more knowledge on paediatric cardiology. The patient was written to with a full explanation and supported throughout their care and treatment.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 clinical staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (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 nurse practitioner was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training on handling specimens and dealings with spillages for example. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, there were no cleaning schedules in place specifically for clinical and non-clinical areas. For example, the practice had not identified the frequency that cleaning should be undertaken by risk and had not described what should be cleaned and by which appropriate equipment. Although the practice's cleaning contractor had a checklist we found that the week of our visit had been approved in advance of the week concluding and therefore we could not be certain of its reliability.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. PGDs are written

## Are services safe?

instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed eight personnel files and found that 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. However, in regard to references we found that for two recently appointed GP's verbal rather than written references had been undertaken with a note of the conversation recorded.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. GP's told us that they were in the process of increasing nursing capacity as they had identified a need to provide improved access for patients for health promotion and general practice nursing.

### **Arrangements to deal with 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 clinical staff had received annual basic life support training and there were emergency medicines available in the treatment room. However, the

practice's non clinical staff had not received this training and were unable to confirm the date of the last time this training had been undertaken. They told us they would alert clinicians in a medical emergency rather than carry out any Cardiopulmonary resuscitation (CPR) or basic life support (which is good practice under national UK resuscitation guidelines). The Practice manager told us that this had now been scheduled for March 2016. The practice had a training matrix in place to ensure that all staff had training scheduled at the appropriate intervals however, non-clinical staff requiring CPR training was due in March 2015 and not undertaken.

The practice had a Defibrillator available on the premises (this is a portable electronic device that delivers an electrical shock to attempt to restore a normal heart rhythm) and two sets of oxygen with adult and children's masks. However, we found that although the oxygen had been tested with the appropriate checks the defibrillator and nebulisers has not had their annual check recorded so staff could not be satisfied that those pieces of emergency equipment were operating effectively. There was a first aid kit and accident book 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 fit for use.

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 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 regular clinical meetings, risk assessment, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes

to monitor outcomes for patients. Current results were 91% of the total number of points available, compared with a national average of 94%. There was a 0% exception reporting. Data from 2014/2015 showed:

- Performance for hypertension related indicators was above the similar CCG and national average. For example, 77.2% of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less compared with a CCG average of 80.9% and a national average of 83.6%
- Performance for mental health related indicators were above the national average. For example: 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a CCG average of 88.3% and a national average of 88.3% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 93% compared with a CCG average of 89.9% and a national average of 89.5%.

- Performance for dementia related indicators were similar the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 79.6% compared with a CCG average of 83.3% and a national average of 84%.
- Performance for diabetes related indicators was similar to the national average. For example, 67.8% of patients with diabetes, on the register, in whom the last blood sugar (IFCC-HbA1c) is 59mmol/mol or less in the preceding 12 months was the same as the CCG average and 65.8% compared to the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 84.2% compared with a CCG average of 89.4% and a national average of 91.4%.

We spoke to clinical leads at the practice about patients with diabetes. They told us that many diabetic patients who have complex needs or those over the age of 90 years are more seen by secondary care specialists for the management and monitoring of their diabetes. This is often because they are high risk of hypoglycaemia either due to their age or due to the complexity of related conditions. This therefore requires specific care management which can directly affect performance in regard to some targets. This is related in other QOF targets. For example, for 83% of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months the practice compares similarly with the CCG at 83.4% and 86% nationally.

Clinical audits demonstrated quality improvement.

- We saw five clinical audits conducted in the last two years; three of which were completed over two cycles. Findings were used by the practice to improve services. For example, findings from an Asthma audit in July 2015 meant that fewer patients were now receiving high dosages of steroids. This resulted from increased asthma monitoring of higher dose patients improving the focus on effective dosage change and more effective patient education in regard to directions for inhaler technique.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.



# Are services effective?

(for example, treatment is effective)

## Effective staffing

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

- The practice had a role specific induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. However, we were told that there had been no appraisal for the nurse practitioner since 2013. Managers told us this would be actioned following our visit. Although all other staff had had an appraisal in the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, only clinical staff had received Cardiopulmonary resuscitation (CPR) or basic life training within the last 12 months. The practice leadership team informed us that this had been scheduled for March 2016.

## 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

## 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 nursing staff assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation for example the practice's health care assistants provide smoking cessation services. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.1%, which was comparable to the CCG average of 81.3% and the national average of 81.7%. There was a policy to offer telephone



# Are services effective?

(for example, treatment is effective)

reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 71.5% to 85.5% and five year olds from 69.7% to 90.8%. Flu vaccination rates for the over 65s were 75%, and at risk groups 53%. These were also comparable to CCG and national averages.

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

# Are services caring?

## Our findings

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the twenty three patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and understanding and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They told us they were very 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.

During our visit we spoke with eight patients, they told us that staff were caring and considerate even when they did get to see the same GP's. They told us they felt understood and listened to by staff. All said their privacy and dignity had been respected by clinical staff, and mostly by reception staff.

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 doctors and nurses. However, scores for reception were slightly lower than averages locally and nationally. We also noted that patients had difficulty seeing or speaking to their preferred GP at this practice. Patients we spoke with told us that although it was often difficult to see the same doctor they

felt that all clinicians were effective in providing good care and treatment and had a good knowledge of their clinical needs based on information recorded in their notes. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 90%.
- 93% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 88% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 95% and a national average of 97%.
- 77% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.
- 29% of patients with a preferred GP usually get to see or speak to that GP compared to the CCG average of 53% and a national average of 60%.

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

Patients we spoke with told us that health issues were discussed with them and 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 generally had sufficient time during GP and nurse consultations to make an informed decision about the choice of treatment available to them. Patients told us that where they had more than a few concerns they were asked to make another appointment to ensure adequate time could be given to each patient. Patient feedback on the comment cards we received was positive and aligned with these views.

## Are services caring?

Results from the national GP patient survey were very positive for questions about patient involvement in planning and making decisions about care with GPs and nurses. For example:

- 92 say the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 82% and a national average of 86%.
- 84% say the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 77% and a national average of 81%.

Staff told us that interpreting and translation services were available both face to face and over the phone for patients who did not have English as their first language. We saw notices in the reception area informing patients of the translation service and there was an electronic self-check in screen that also had a choice of languages.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example information on services for patients suffering of depression or for those patients suffering with bereavement, this information was visible and accessible in waiting areas.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.57% (256 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. For example, there was an extensive variety of information for carers, including information on advocacy services and the Enfield Carers Centre support group. The practice has a Carer's champion who helps to identify carers and liaise with services to get advice and support in place.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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, in regard to prescribing and reducing emergency long term condition admissions to secondary care in particular to accident and emergency admission. The practice had the lowest rates in the CCG area.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or complex medical conditions.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- In addition to extended hours appointments there were telephone consultations, online bookable appointments and an electronic prescribing service (EPS), and the over 40s health check to meet the needs of working age people. Patients could request repeat prescriptions online also.
- Duty doctor available to speak with patients who require urgent medical attention through a priority access phone line.
- Enfield Community Phlebotomy (Blood testing) service located onsite.
- Nurse Practitioner and provides minor illness and telephone triage consultations.
- There were disabled facilities; a lift, hearing loop and access to British Sign Language (BSL) interpreters as well as translation services available.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries were offered on Monday morning from 6.30pm to 8.30pm. 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. There was a duty doctor every day that triaged patients to identify those who needed a home visit or to be seen urgently.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or higher than local and national averages. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and a national average of 75%.
- 77% patients described their experience of making an appointment as good compared to the CCG average of 70% and a national average of 73%.
- 51% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 56% and national average of 64%.

The GP patient survey showed that 82% of patients would recommend this surgery to someone new to the area compared to the CCG average of 72% and a national average of 78%.

We spoke to eight patients on the day of our visit who told us that they are able to get an appointment when they needed one but this may not be with a preferred GP. Patients all said that if they needed to see a specific GP they would either wait for a routine appointment or go ahead and see another GP that was available as they had confidence in all clinicians at the practice. They told us they felt that staff were very professional and knowledgeable and therefore they felt well cared for. Patients and PPG representatives told us reception staff were helpful and there had been customer care training and changes to the phone management system to assist in improving patient satisfaction in this area.

### 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. For example, t

We looked at eight complaints received in the last twelve months and found they were dealt with in a thorough, open and timely way. However, two of the eight complaints

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

had not been acknowledged within the three working days as stated in the practice's complaints procedure. The practice manager told us that delays had been due to limited administrative management capacity at that time earlier in the year but was soon rectified and in the last six months all complaints had been acknowledged within the stated timescale. Recorded complaints included those

made through the NHS England procedure. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw copies of formal written responses to patients who had complained about referral management system delays.

# 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 in the waiting areas and staff knew and understood the values.
- 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 an overarching governance framework in place. The practice had the following structures and procedures which supported the delivery of good quality care:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example there were lead GPs for clinical governance, significant events, medicines management, QOF, training, information governance, safeguarding, learning disability, mental health, long term conditions and complaints.
- Practice staff were supported to carry out their roles and responsibilities on a day to day basis. However, all but one clinical staff member had been appraised or had a personal development plan.
- Practice specific policies were implemented with the exception of those relating to complaints.
- Staff had a comprehensive understanding of the performance of the practice.
- There was a clinical and internal audit process which was used to monitor quality and to make improvements. This was inherent within the practice's training structure.
- A system of reporting incidents without any fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place. Learning was fundamental part of the practice's ethos.

- A GP partner was the lead for quality assurance covering all aspects of risks including dissemination of learning from complaints and serious events analysis.
- Clear methods of communication were in place across the whole staff team and other healthcare professionals to disseminate current practice guidelines and other information. A proactive approach to patient feedback and engagement was present and evident in the multidisciplinary approach.
- There was evidence of formalised strategic planning covering the organisational risks and long term planning for the practice. For example, in 2014 the practice undertook a merged its patient list with another practice based on the same premises.
- The practice had made an assessment of staffing capacity. For example, in relation to nursing capacity and was actively looking to increased sessions available for patients and to maximise resources available in the light of an increasing patient list size.

### Leadership, openness and transparency

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 that the practice held regular team meetings and we saw recorded minutes of clinical and non-clinical meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team events were held throughout the year.

# Are services well-led?

Good 

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

- 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had developed a carers' stand in the reception area to assist carers in finding information and support and to encourage engagement with the practices' carers' champion. The PPG had also advocated on behalf of patient complaints about telephone access to the

practice via its telephone system. The PPG lobbied the provider to change the way the system worked to improve the time it took to get through to the practice which then reduced complaints.

- The practice had also gathered feedback from staff through staff meetings, appraisal and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice has a strong strategic focus on improving health and social care outcomes for its patient population and is keen to develop the next generation of GP's through its training. There has also been a focus on working closely with the CCG to reduce emergency and accident and emergency admissions and work has begun to focus on childhood obesity in line with local health and wellbeing priorities through identifying a register of those children and young people at risk.

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  We found that non clinical staff had not received basic life support training in line with UK resuscitation guidelines and therefore they did not have the skills or knowledge to deliver basic life support in the case of a patient or staff emergency. Regulation 18(2)(a).
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	