

Bincote Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bincote Surgery on 22 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- We spoke with 20 members of the practice's patient participation group (PPG) and reviewed 41 patient Care Quality Commission comment cards. Patients fed back that they were treated with compassion, dignity and respect.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.

We saw an area of outstanding practice:

- The PPG met regularly and submitted proposals for improvements to the practice management team. For example, following PPG feedback, a men's health initiative presentation had been delivered; offering information and advice on a range of issues affecting

Summary of findings

men's health. We were told that more than thirty patients had attended and we noted that the presentation notes were available for download from the practice website.

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

- Ensure that emergency medicines are stored in a location which is readily accessible.

- Consider introducing a standard practice protocol for two week referrals, in cases of suspected cancer (as per national guidelines).

We previously inspected this location in 2014 and at that stage the practice was not rated.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- We received face to face or comment card feedback from more than 60 patients. The patients all said they were treated with compassion, dignity and respect.
- 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.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with Enfield Clinical Commissioning Group to secure improvements to services where these were identified. For example, late evening appointments were offered on Monday evenings.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities such as step free access 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.

Are services well-led?

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

Good



- 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.
- 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.
- 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.
- A register of older patients was maintained and all patients on the register had a care plan and had been given a direct phone number to a named GP.
- The manager of a local nursing home where several patients resided spoke positively about GPs' proactive approach to home visits and the clinical support provided to the home's nursing team.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.

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.
- The percentage of patients with diabetes in whom the last blood pressure reading was the target 140/80 mmHg or less was 75% (compared to the respective 76% and 78% CCG and national averages).
- 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.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared with 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.

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.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.

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 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.

Good



Summary of findings

- 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.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.
- The practice provided an in house weekly substance misuse counselling service.

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).

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the 84% national average.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015).
- 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 July 2016. The results showed the practice was performing in line with local and national averages. We noted that 278 survey forms were distributed and 112 were returned. This represented approximately 2% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone, compared to 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 national average of 76%.
- 84% of patients described the overall experience of this GP practice as good, compared to the national average of 85%.

- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We also spoke with 20 patient participation group members during the inspection. They fed back that they were happy with the care they received and thought staff were approachable, committed and caring and were particularly positive about how doctors provided patient centred and compassionate care and treatment.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor its national GP patient survey results which showed that patient satisfaction on how nurses treated patients with care and concern was below national and local averages.
- Ensure that emergency medicines are stored in a location which is readily accessible.
- Consider introducing a standard practice protocol for two week referrals, in cases of suspected cancer (as per national guidelines).

Outstanding practice

- The PPG met regularly and submitted proposals for improvements to the practice management team. For example, following PPG feedback, a men's health initiative presentation had been delivered; offering information and advice on a range of issues affecting

men's health. We were told that approximately thirty patients had attended and we also noted that the presentation notes were available for download from the practice website.

Bincote Surgery

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.

Background to Bincote Surgery

Bincote Surgery is located in the London Borough of Enfield, North London. The practice has a patient list of approximately 6,000 patients. Twenty percent of patients are aged under 18 (equal to the national practice average) and 15% are 65 or older (compared to the national practice average of 17%). Fifty five percent of patients have a long-standing health condition.

The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice holds a General Medical Services contract with NHS England; which is the commonest form of GP contract for delivering general medical services. The practice is registered to provide the following regulated activities which we inspected: Diagnostic and screening procedures; Maternity and midwifery services; Treatment of disease, disorder or injury; Surgical procedures and Family Planning.

The staff team comprises two partner GPs (one male, one female providing a combined 12 sessions per week), two salaried GPs (one male, one female providing a combined 8 sessions per week), one long female term locum GP (4

sessions), one female practice nurse and one female nurse practitioner (providing a combined 4 sessions per week) a practice manager and a team of administrative/reception staff.

The practice's opening hours are:

- Monday: 8am-8pm
- Tuesday: 8am-7:30pm
- Wednesday: 8am – 6:30pm
- Thursday: 8am-7:30pm
- Friday: 8am-12pm and 4:30pm–7pm
- Saturday: 9:30am – 11am

Appointments are available at the following times:

- Monday: 8am-12pm and 4:30pm– 8pm
- Tuesday: 8am-12pm and 4:30pm–7pm
- Wednesday: 8am-12pm and 4:30pm-6pm
- Thursday: 8am-12pm and 4:30pm–7pm
- Friday: 8am-12pm and 4:30pm–7pm
- Saturday: 9:30am-10:30am

Outside of these times, cover is provided by out of hours provider.

Bincote Surgery is a teaching practice. This means that each year, the practice provides clinical supervision to two or three final year trainee GPs. At the time of our inspection, one trainee GP was on placement at the practice.

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.

We inspected this location in 2014, prior to practices being rated. We identified concerns regarding staff pre-employment checks. At this inspection, we noted that these concerns had been addressed.

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 22 September 2016.

During our visit we:

- Spoke with a range of staff (including partner GPs, a practice nurse 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, a written 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. Three significant events had been recorded since September 2015 and we saw evidence that lessons were shared and action was taken to improve safety in the practice.

For example, following an incident in August 2016 when a wheelchair user had fallen out of their wheelchair when attempting to use the practice's entrance ramp, records showed that a wheelchair lift had been installed and improvements made to the practice's ramped access.

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. The practice's GPs and practice nurses were trained to child protection or child 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 (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. One of the practice nurses 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 the clinical lead and other staff had received up to date training. An annual infection control audit had been undertaken in April 2016 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. 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. Blank prescription forms and pads were securely stored and there was a system in place to monitor their use.
- The practice had signed Patient Group Directions (PGDs) in place to allow practice nurses to legally administer medicines. (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).
- We reviewed the personnel files of the staff member who had commenced work since our last inspection and that found appropriate recruitment checks had been undertaken prior to employment. For example,

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 (CoSHH) and infection control. Records showed that the practice was undertaking water temperature monitoring in accordance with the recommendations of its April 2016 Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A risk assessment had taken place in July 2016 but we noted that it made limited reference to fire safety.
- 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 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 had 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.
- All staff knew of the location of emergency medicines and we noted that although they were stored in a secure area of the practice they were not readily accessible. When we highlighted this the practice took immediate action to improve emergency access. 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 building damage. We noted that, following a recent power failure, the plan included utility company emergency contact numbers.

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.

- We saw evidence that staff had access to protected learning time, so as to update themselves on latest NICE guidelines and to use this information to deliver care and treatment that met patients' needs. We also noted that clinical audits were triggered by NICE guidelines.
- We looked at six patient records and noted that adequate assessments of patients' conditions had been carried out and appropriate treatments provided or arranged. We also saw confirmation that care was based upon current accepted practice.

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 at the time of our inspection (2014/16) were 89% of the total number of points available with 6% exception reporting (which was respectively 1% and 4% below the local and national averages). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Latest QOF data showed:

- Performance for diabetes related indicators was 79% which was above the national average of 69%.
- Performance for mental health related indicators was 98% which was above the national average of 93%.
- Performance for asthma related indicators was 100% which was above the national average of 97%.
- Performance for chronic kidney disease related indicators was 84% which was below the national average of 94%.

- Performance for cancer related indicators was 100% which was above the national average of 98%.

This practice was not an outlier for any QOF (or other national) clinical targets.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed within the last 12 months; both of which were completed audits where the improvements made were implemented and monitored.

Findings were used by the practice to improve services. For example, in January 2015, the practice undertook a NICE triggered clinical audit to determine whether patients with advanced chronic kidney disease had well controlled blood pressure and whether they were being treated with the appropriate medication. The audit highlighted that 16 of the 28 identified patients (57%) were being treated with the appropriate medication. Following clinical discussion and patient review, an August 2016 reaudit highlighted that 17 (64%) of patients were on the correct medication. Records showed that the practice recognised that additional work was required in order to further improve patient outcomes in this area.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and/or using spirometry equipment.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice nurse locum demonstrated 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

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included, infection control, safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice did not have a written standard practice protocol for two week referrals in cases of suspected cancer which we noted would prove beneficial to locum GPs working at the practice.

Consent to care and treatment

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

- Staff had received recent training and 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% 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 above the local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 40% to 96% and five year olds from 89% to 96%. Local CCG averages ranged respectively from 25% to 82% and 68% to 88%.

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 room to discuss their needs.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 20 members of the patient participation group (PPG) from a range of population groups. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. For example, a new mother spoke positively about how clinicians interacted with their child. The daughter of an older patient spoke positively about how their mother was routinely treated in a caring and compassionate manner.

Comment cards highlighted that reception staff responded compassionately when they needed help and provided support when required. For example, when we asked a receptionist how they ensured that patients with a learning disability were treated with dignity and respect, they stressed the importance of recognising each patient's individual needs.

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

- 92% 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%.

- 91 of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.
- 63% 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%.

On the day of the inspection, we discussed nursing staff satisfaction scores with patients and practice management. Patients spoke positively about their interactions with nursing staff. Practice records showed that training was planned for nurses and also that additional nursing staff had been recruited. The practice expressed confidence that these measures would result in improved satisfaction scores.

Care planning and involvement in decisions about care and treatment

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments which was equal to the CCG average of 82% and below the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

On the day of the inspection, we discussed these findings with patients. We heard several examples of where patients had been involved in decision making about the care and

Are services caring?

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.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception areas informing patients this service was available.
- 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 71 patients as carers (approximately 1% of the practice list). 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 sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on Monday evenings from 6:30pm-8pm for working patients and others who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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.
- Patients living at a local nursing home were able to receive their annual influenza immunisation at home.
- There were disabled facilities, a hearing loop and interpreting services available.
- The building offered step free access and all treatment rooms were located on the ground floor.
- The practice could accommodate gender specific GP consultation requests.
- On line appointment booking and repeat prescription facilities were available.

Access to the service

The practice's opening hours are:

- Monday: 8:00am-8pm
- Tuesday: 8:00am-7:30pm
- Wednesday: 8:00am – 6:30pm
- Thursday: 8:00am-7:30pm
- Friday: 8:00am-7:30pm
- Saturday: 9:30am – 11am

Appointments are available at the following times:

- Monday: 8:00am-12pm and 4:30pm– 8pm

- Tuesday: 8:00am-12pm and 4:30pm–7pm
- Wednesday: 8:00am-12pm and 4:30pm-6pm
- Thursday: 8:00am-12pm and 4:30pm – 7pm
- Friday: 8:00am-12pm and 4:30pm – 7pm
- Saturday: 9:30am-10:30am

Outside of these times, cover is provided by an out of hours provider.

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 that patient's satisfaction with how they could access care and treatment were variable compared to national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

When we spoke with patients they were positive regarding opening hours and phone access. On the day of our inspection we looked at appointment availability on the practice's clinical system and saw that both urgent and routine appointments were available that day.

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.

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation according to clinical need. We noted the protocol had been updated in September 2016.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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

The practice had received four complaints received in the last 12 months which we found had been dealt with in a timely and open manner. We saw evidence that lessons were learnt from individual concerns and complaints.

For example, following a complaint received from a patient about a delay in being seen after having arriving at the practice, we noted that the practice had discussed this matter and increased the duration of its appointments from 10 to 15 minutes.

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 provide an accessible, safe, efficient and friendly patient centred community based health care service for the whole of its diverse patient population. When we spoke with staff, they were aware of how their roles and responsibilities contributed towards delivering this vision.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection, partners told us that they prioritised safe, high quality and compassionate care. Staff fed back to us that the partners were approachable and always took the time to listen to all members of staff. A trainee GP spoke positively about the helpfulness and accessibility of the partner GPs.

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. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held 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.
- Staff spoke positively about the practice manager and spoke of an inclusive and supportive working culture.

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, following PPG feedback, a men's health initiative presentation had been delivered; offering information and advice on a range of issues affecting men's health. We were told that more than thirty patients had attended and we noted that the presentation notes were available for download from the practice website.

The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, they told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice team was forward thinking and part of local pilot schemes to improve joint working amongst Enfield based practices.

Clinicians also spoke positively about how a patient education programme developed with the PPG had supported patients to make informed decisions in areas such as men's health.