

Dr Howard Daitz

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Howard Daitz (The North London Health Centre) on the 13th of April 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was involved in provision of services to the wider community including homes caring for vulnerable individuals.
- 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 with a named GP 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.

Improvements that the provider must make to the service:-

- To ensure that prescription pads are securely stored and usage is monitored
- To review practice arrangements relating to fire safety, and arrange fire safety training for staff and a programme of fire drills.

Improvements that the provider should make to the service:-

Summary of findings

- Review arrangements to record checks conducted on emergency equipment.

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, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was no process in place to monitor the use and security of prescription pads that were taken out the practice when doctors conducted home visits.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- No formal fire safety training had been received by practice staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Whilst some data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average for the locality and compared to the national average, the practice QOF exception rates were below local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

Data from the National GP Patient Survey showed patients rated the practice comparable to the national average for several aspects of care.

- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff through team meetings.

Good



Are services well-led?

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

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

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about 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 (PPG) was active.
- There was a 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.

- 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 same day appointments for those with enhanced needs.
- This population group have a separate telephone number for them to make contact with the surgery.
- Those identified as most vulnerable in this population group receive medical reviews every six months.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The Quality Outcomes Framework (QOF) recorded the practice as scoring lower than the national average on four of the five diabetes indicators.
- 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.

Good



Families, children and young people

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

- Immunisation rates were lower than the Clinical Commissioning Group (CCG) for all standard childhood immunisations.
- 73% of patients diagnosed with asthma on the patient list, have had an asthma review in the last 12 months, compared to the national average of 75%.

Good



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.
- Cervical Screening testing performed in the preceding 5 years for required patients by the surgery was at 75% which is lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and district nurses.

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. For example, the practice was proactive in offering telephone consultations.
- 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.
- The surgery held extended hours surgery twice a week to allow those who work access to a face-to-face consultation. Consultation times started at 8am to meet the needs of this group.

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 those with a learning disability, those suffering from domestic abuse and young people coping with effects of chronic alcoholism.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses have had an agreed care plan documented on record during the preceding 12 months.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Staff had a good understanding of how to support patients with mental health needs and dementia

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results on this practice were published in January 2016. The results showed the practice was performing in line with local and national averages. 327 survey forms were distributed and 116 were returned. This represented one and half percent of the practice's patient list.

- 70% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 74% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average of 85%.
- 79% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 81% and a national average of 85%.

- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 72% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards the majority of which were positive about the standard of care received.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test undertaken by the practice during the months January 2016 - March 2016 revealed that 130 out of 150 patients would recommend the practice.

Dr Howard Daitz

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a Nurse specialist adviser, a Practice Manager adviser and an Expert by Experience.

Background to Dr Howard Daitz

Dr Howard Daitz (the Provider) also known as The North London Health Centre, is located in a residential area in North London. The practice is located in privately owned premises on the corner of a main road and a residential street. There is on street parking on the street at the side of the surgery, a train station approximately two minutes walk from the surgery. In addition, there is a bus stop approximately five minutes walk from the surgery.

The practice operates from:

Broomfield Avenue

Palmers Green

London

N13 4JJ

There are approximately 7600 patients registered at the practice. Statistics shows high income deprivation among the registered population. The registered population is slightly higher than the national average for those aged between 25-44.

Care and treatment is delivered by four GPs (two male and two female). The nursing team consists of a Practice Nurse

and a Healthcare Assistant. The practice is also training practice and currently has four trainee GPs and one trainee Practice Nurse. Nine administrative staff work at the practice and are led by a Practice Manager.

The practice is open from the following times:-

- 8am - 8pm (Monday)
- 8am - 6.30pm (Tuesday, Wednesday)
- 8am - 8pm (Thursday)
- 8am - 6.30pm (Friday)

Clinical sessions are run during the following times:-

- 8am - 12pm, 3.30pm - 8pm (Monday, Thursday)
- 8am - 12pm, 3.30pm - 6.30pm (Tuesday, Wednesday, Friday)

Extended hours surgery is conducted on Mondays and Thursdays, when the surgery closes at 8pm. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Surgical procedures

Enfield Clinical Commissioning Group (CCG) is the practice's commissioning body. Dr Howard Daitz has not previously been inspected by CQC.

Detailed findings

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 13th April 2016.

During our visit we:

- Spoke with a range of staff (three GPs, the Practice Nurse, the Practice Manager and two Reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager or the Provider of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and these events were discussed at the next clinical staff meeting. The Practice Manager would cascade action points from this meeting to all non-clinical staff

We reviewed 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, following the receipt of abnormal blood test result which indicated that an urgent repeat blood test should be undertaken, it was noted that the patient concerned was not contacted until four days after the blood test results had been received within the practice. Following discussion of this significant event, the practice has now implemented a policy that in future all abnormal blood test results received in the practice should immediately be brought to the attention of the Duty Doctor. The Doctor would then take the appropriate action.

When there were unintended or unexpected safety incidents, patients 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.

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 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 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 relevant to their role. GPs were trained to child safeguarding level 3. However on the day of the inspection, the surgery were unable to provide documented details of the level of safeguarding training that the practice nurse and three members of the reception team attained. Subsequent to the departure of the inspection team, we received confirmation that the named staff had attained level two and one safeguarding training.

- 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; however we noted that an electrical socket in a publicly accessible area had become detached from the wall. Subsequent to the inspection, we have been informed by the practice that there are no detached electrical sockets at the practice. The Practice Nurse was the infection control clinical lead. There was an infection control protocol in place and some staff had received minimal training within this area. An infection control audit had been undertaken in early 2016 which identified a number of areas that required action. We saw an action plan (with time frames) that had been drawn up to address these areas of improvement identified. The inspection team saw that action taken by the Provider was noted on the action plan.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice generally 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 team to ensure prescribing was in line with best practice guidelines for safe prescribing.
- On the day of the inspection however, we found there was no process in place to monitor the use and security of prescription pads that were taken out the practice when doctors conducted home visits.

Are services safe?

- Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken on all five members of staff 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.
- There were 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 result.
- The inspection team saw evidence that all repeat prescription requests and pathology results received were reviewed daily.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire policy in place, however the inspection team saw no evidence that the practice conducted regular fire drills or that the practice had a designated lead in the event of a fire. We were told that all staff knew where fire exits were and that it was their responsibility to ensure all patients were led safely to the assembly point. A fire risk assessment has been completed as part of the practice Business Continuity Plans. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had a defibrillator available on the premises. Oxygen with adult and children's masks was also available. Whilst the oxygen was in date and defibrillator was checked and working on the day of the inspection, the practice did not keep a record of how often the oxygen and defibrillator were checked to ensure that they were fit for purpose. A first aid kit and accident book were available.
- Emergency medicines were 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.
- It was noted on the day of the inspection that no formal fire safety training had been received by staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and to use this information to deliver care and treatment that met peoples' needs. The Practice Manager kept all updates on a centrally accessed computerised system, which all staff have access to. Relevant updates were cascaded to and discussed with the Provider, who then took the appropriate action. The Provider confirmed verbally with the Practice Manager that the update had been actioned and the Practice Manager will log on the system.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the inspection team saw recent guidance regarding the Zika virus which had been cascaded to the Provider from the Practice Manager. The Practice Manager's log had been updated to show that a discussion regarding this guidance had taken place with the Provider and what action would occur following the receipt of the guidance.

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 for the surgery were 96% of the total number of points available, with the national average being 94%. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was lower than the national average. For example, the percentage

of patients in whom the last blood pressure reading within the preceding 12 months or is 140/80mmHG or less was 73% (the national average being 78%), and the percentage of patients with diabetes whose last measured total cholesterol reading within the preceding 12 months is 5mmmol/l or less was 72% compared to the national average of 80%.

- The percentage of patients with hypertension having regular blood pressure tests was lower than the national average. The practice results were 76%, compared to the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the preceding 12 months was 97%, compared to the national average 88%. The review of care for patients with dementia during a face-to-face meeting in the preceding 12 months was 98% compared to the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been a number of clinical audits carried out in the last two years, all of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services and care that it provided to its patients. For example, the practice carried out a two-cycle audit on patients who experienced post-operative complications following minor surgery. The first audit cycle revealed that 2 out of 33 patients had care provided by the Practice Nurse following post-operative complications. The second audit cycle revealed that 1 out of 33 patients had care provided by the Practice Nurse following post-operative complications. The results of the audit concluded that the practice was providing the appropriate levels of care to patients following the surgery. The practice will continue to run this audit on a yearly basis with a view to continue improvement of service.

Information about patients' outcomes was used to make improvements such as:

- The introduction of an exclusive telephone number to patients in one population group who had been

Are services effective?

(for example, treatment is effective)

identified by the practice as being their most vulnerable patients. Through the introduction of this number patients were able to contact the surgery without having to go through the main switchboard.

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. It covered such topics as safeguarding, infection prevention and control, health and safety, confidentiality and basic life support training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example by access to on line resources, ad-hoc discussions with other clinical staff and monthly clinical staff meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and the practice nurse. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. All training received by staff had been recorded in their staff file.

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 in the reception area.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other local services such as carers support groups.
- The GP's within the practice worked closely with local social services to provide care to patients whose circumstances made them vulnerable through domestic violence and rehabilitation of chronic alcohol abuse.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary risk stratification 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 nurse assessed the patient's capacity and, recorded the outcome of the assessment on patient records.

Supporting patients to live healthier lives

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. Patients were then referred to the relevant service.
- A dietician was available twice a month and smoking cessation advice was available on site.

The practice's uptake for the cervical screening programme was 75%, which was below to the national average of 82%. The Provider told us that the uptake for cervical screening within the practice was low due to the variety of

Are services effective?

(for example, treatment is effective)

nationalities at the practice. They said women of certain nationalities preferred to return to their home country to have their screening rather than having the practice nurse undertake the procedure. This led to the practice achieving below the national average figure. There was a policy to offer 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 placed in the patient waiting area and they ensured a female sample taker was available.

Childhood immunisation rates for the vaccinations given were lower than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 16% to 58% and five year olds from 43% to 83%.

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 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.

The majority of the 19 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. An example provided by the PPG of how the surgery provides care for their patients and the wider community was that of the close connection the practice had with a local over fifties community group. Doctors from the surgery have provided talks to the group on a range of health matters tailored to this specific population group.

Results from the national GP Patient Survey published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was below the national average for its satisfaction scores on consultations with GPs and nurses. For example:-

- 82% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average 82%, and the national average of 87%.

- 93% 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%
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG of average 81% and the national average of 85%.
- 77% said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 86% and the national average of 91%.
- 83% said they found the receptionists at the practice helpful compared to the CCG average 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. The majority of patient feedback on the 19 comment cards we received was also positive and aligned with these views.

Results from the national GP Patient Survey published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average 82%.
- 65% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice has identified 110 patients on their list as carers. This figure equates to just over one percent of the patient list. The surgery offered flexible appointments for carers, as well as specific health checks. 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, the provider contacted them to offer support and the offer of a home visit.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered Extended Hours Surgery on a Monday and Thursday evenings until 8:00 pm for working patients 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 those too ill to attend the surgery.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8:00 and 6:30pm Tuesdays, Wednesdays and Fridays with the exception of Monday and Thursday evenings when the surgery held extended hours and was open between the hours of 8:00am and 8:00pm

Appointments are as follows:-

- 08:30 - 12:00pm and 15:30 to 20:00 (Mondays and Thursdays)
- 08:30 - 12:00pm and 15:30 to 18:30 (Tuesday, Wednesday and Friday)

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

Results from the national GP Patient Survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 75%.
- 70% patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 a poster in the waiting area of the practice giving details of whom to contact in the event that a patient may wish to register a complaint.

The practice received four complaints during last 12 months. We found that the complaints were handled in a satisfactory manner and in a timely way. In all cases, the practice offered to meet with the relevant patient to discuss the issue(s) further. For example, a complaint was received by the practice regarding an individual who was not seen by a doctor despite waiting in the waiting room for some time. Following an investigation into the complaint by the practice,

it transpired that the patient had not checked-in with reception staff on their arrival and left the practice without speaking to a member of staff. The Practice Manager contacted the complainant to apologize and explain the checking-in procedure upon arrival at the Practice. The Practice Manager has also spoke with reception staff asking that they be vigilant regarding how long patients are in waiting room and to speak with relevant patient if they have been there for some time.

Lessons were learnt from concerns and complaints raised, and action was taken to as a result to improve the quality of care.

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 Statement of Purpose and staff knew and understood the aims and objectives of the statement.
- The practice had a strategy which reflected the Statement of Purpose and these plans were regularly monitored.
- The practice had a comprehensive Business Continuity Plan which was reviewed by the Provider and the Practice Manager annually.

Governance arrangement

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. A programme of continuous clinical and internal audits was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The Provider and associated staff had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The provider is visible in the practice and staff told us that the Provider and all other doctors are approachable and always took the time to listen to all members of staff. Members of staff told the inspection team that the practice had an open culture and as such staff members shared ideas and views freely.

The Provider was aware of and complied with the requirements of the Duty of Candour. The Provider 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 the practice held regular team meetings which are minuted.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the Provider and doctors in the practice. All staff were involved in discussions about how to run and develop the practice, and the provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which meets regularly. The PPG has conducted patient surveys and submitted proposals for improvements to the practice management team. For example, a recent PPG meeting which was attended by the Provider, held discussions on how to promote the practice website and to raise awareness of the online appointment system as an alternative way of booking appointments. .
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us

Are services well-led?

Good 

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

that the open culture within the practice facilitated an environment where they 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 is a teaching practice and currently accommodates four

trainee doctors and a nurse trainee. The practice has come first in the primary care improvement group dashboard for GP practices based in Enfield. The results of the dashboard were published in 2015 and show the practice performing well in the areas of practice management and capacity, low attendance at casualty during GP opening hours, medicines management and patient experience. The provider told us they were proud of these results and would continue to work towards achieving the best outcomes for patients.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person failed to have a system to secure and monitor the usage of prescription pads within the practice. The registered person failed to have a record of fire safety training for staff, designated fire wardens or evidence of fire drills undertaken.
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	