

# The Town Surgery

## Quality Report

The Town Surgery  
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Website: <http://www.thetownsurgeryenfield.nhs.uk/welcome,61769.htm> Date of inspection visit: 3 November 2016

Date of publication: 20/01/2017

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 The Town Surgery on 3 November 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- 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.
- Practice management and governance arrangements facilitated the delivery of high-quality person-centred care.

The areas where the provider should make improvement are:

- Review the current arrangements for the storage of prescription pads in the reception office.
- Review the care outcomes for patients with a learning disability.

# Summary of findings

- Continue to monitor 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.
- Introduce a formal protocol to accommodate gender specific GP consultation requests.

We previously inspected this location in 2014. The inspection was part of a pilot scheme, testing our new methodology for inspecting general practices and consequently, the practice was not rated.

# 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.

- 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.
- Risks to patients were assessed and well managed.

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 comparable to national averages.
- 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.

- Patients 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 Monday evening appointments were offered.
- 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. A disability access audit had taken place in the last 12 months.
- 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. For example, the practice manager chaired a local Practice Manager's forum and spoke positively about how learning from this group had led to improvements at the practice.

# 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.
- During the inspection, patients from this population group spoke positively about the care and treatment they received.
- We spoke with the manager of a local care home where several patients lived. The manager spoke positively about how requests for home visits were promptly actioned and about the level of clinical support provided.

### 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.
- We noted that the percentage of patients with diabetes in whom the last blood pressure reading was the target 140/80 mmHg or less was 78% (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.
- 82% 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 midwives and health visitors. For example, midwives provided a weekly baby clinic from the practice.
- 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.

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, although there was no evidence of how the practice had worked to improve patient outcomes.
- 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.

## 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).

- 90% 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 generally performing above local and national averages. We noted that 353 survey forms were distributed and 103 were returned. This represented approximately 3% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone, compared to the national average of 73%.
- 90% 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%.
- 78% 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%.

We saw evidence of how the practice had sought to improve patient satisfaction scores for example by

promoting on line appointment booking and also by revising staffing rotas so as to increase phone cover during peak periods. We also noted that the practice had recently increased its extended hours opening.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were generally 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. One respondent, whilst generally positive, also highlighted concerns about the time it took to be seen, once they arrived at the practice.

We spoke with two patient participation group members during the inspection who fed back that they were happy with the care they received and thought staff were approachable, committed and caring. They spoke positively about how the recent increase in extended hours opening had improved appointments access.

## Areas for improvement

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

- Review the current arrangements for the storage of prescription pads in the reception office.
- Review the care outcomes for patients with a learning disability.
- Continue to monitor 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.
- Introduce a formal protocol to accommodate gender specific GP consultation requests.

# The Town 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 The Town Surgery

Town Surgery is located in London Borough of Enfield, North London. The practice has a patient list of approximately 4,100 patients. Twenty five percent of patients are aged under 18 (compared to the national practice average of 21%) and 8% are 65 or older (compared to the national practice average of 17%). Fifty seven 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 Personal Medical Services contract with NHS England; a locally agreed alternative to the standard general medical services contract which is used when services are agreed locally with a practice.

The staff team comprises two male partner GPs (providing a combined 13 sessions per week), one non clinical GP partner, two female practice nurses (working a combined 5 sessions per week), a practice manager and administrative/reception staff.

The practice's opening hours are:

- Monday - Friday: 8am-6:30pm

The practice offers extended hours opening at the following times:

- Monday 6:30pm-8:30pm

Appointments are available at the following times:

- Monday: 9am – 1pm and 4pm – 8:30pm
- Tuesday - Friday: 9am – 1pm and 3:30pm - 6:30pm

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

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures; Treatment of disease, disorder or injury and Surgical procedures. On the day of the inspection, the practice was hosting a weekly midwifery clinic but we noted that it was not registered to provide maternity and midwifery Services. On 25 November 2016, we received a provider application to add maternity and midwifery services to its registration.

## 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. The inspection was part of a pilot scheme, testing out our new approach to inspecting general practices and consequently, the practice was not rated.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 November 2016.

During our visit we:

- Spoke with a range of staff (including partner GPs, a practice nurse, practice manager 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 and minutes of meetings where these were discussed. Seven significant events had been recorded since March 2016 and we saw evidence that lessons were shared and actions taken to improve safety in the practice.

For example, we noted that a following a prescribing error, staff had logged and discussed the incident at a meeting which included clinical and non clinical staff. Following the meeting, the practice amended its clinical and administrative repeat prescribing protocols so as to minimise the chance of reoccurrence. When we spoke with a receptionist they were aware of the incident and of their administrative role in the new protocol.

The practice also had a robust patient safety alert system in place. For example, before our inspection we were aware of a July 2016 drug safety alert which highlighted that certain batches of glucose test strips might give incorrect low blood glucose results that could lead to undetected hyperglycaemia. We saw evidence that the practice manager had received the alert, forwarded it to clinicians for review and had also undertaken a computer search which confirmed that none of the practice's patients were at risk.

### 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 provided safeguarding reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and 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 staff had received up to date training. An annual infection control audit had been undertaken within the last 12 months 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. The practice's

## Are services safe?

supply of blank prescription forms were securely stored in a cupboard but we noted that blank forms were kept in computer printers in the reception office which was unlocked.

- The practice had signed Patient Group Directions (PGDs) in place to allow its 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 three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as building damage and we were told that copies were kept off site.

# 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 use this information to deliver care and treatment that met patients' needs. We also noted that clinical audits were triggered by NICE guidelines.

### 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 (2014/15) were 91% of the total number of points available with 4% exception reporting (which was above local and national respectively average by 4% and 9%). 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 78% which was below the respective CCG and national averages of 89% and 84%.
- Performance for mental health related indicators was 87% which was below the respective CCG and national averages of 93% and 90%.
- Performance for asthma related indicators was 100% which was above the rounded CCG and national average of 97%.
- Performance for chronic kidney disease related indicators was 93% compared to the respective CCG and national averages of 91% and 94%.
- Performance for cancer related indicators was 100% which was above the rounded CCG and 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 three clinical audits completed within the last 12 months; one of which was a completed audit where the improvements made were implemented and monitored. The findings were used by the practice to improve services.

Records showed that the practice had met to review the findings from the CQC's latest published 2016 Intelligent Monitoring performance report available on our website and was aware for example, that the prescribing of Ibuprofen and Naproxen prescribed as a percentage of all Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) prescribed was lower than local and national averages.

Due to gastrointestinal safety concerns with Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and evidence of increased risk of cardiovascular events, NICE guidance is that Naproxen (1000 mg a day or less) and low-dose ibuprofen (1200 mg a day or less) have the most favourable thrombotic cardiovascular safety profiles of all NSAIDs.

Consequently, in June 2016, the practice undertook an audit to increase the percentage of Naproxen & Ibuprofen being prescribed as a total of all Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) prescribing at the Surgery. The first cycle of the audit highlighted that 22 patients were being prescribed inappropriately. Following a medicines review to identify whether the medications were still needed, a reaudit in August 2016 highlighted that the figure had reduced to 10 patients.

### 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



# Are services effective?

## (for example, treatment is effective)

training which had included an assessment of competence. The practice nurse 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 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: safeguarding, fire safety awareness, 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.

### 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 82%, 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 20% to 80% and five year olds from 70% to 87%. Local CCG averages ranged respectively from 10% to 80% and 66% to 86%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 30 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards highlighted that reception staff responded compassionately when they needed help and provided support when required. For example, when we asked a receptionist how they ensured that anxious patients 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 were generally above national averages. For example:

- 89% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 93% 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%.
- 87% 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%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

### 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 above local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 79% 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%.
- 73% 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. They told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The practice told us that additional external training had been provided in wound management and diabetic care, in order to improve the relatively low patient satisfaction scores on interaction with nurses. We were also told that an additional nurse had been recruited.

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



## Are services caring?

- 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 43 patients as carers (just over 1% of the practice list). The practice manager was the designated 'Carers Champion' and we saw that 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 followed by 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-8:30pm 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.
- Baby changing facilities were available.
- 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 interpreting services available.
- The building offered step free access and all treatment rooms were located on the ground floor.
- Although the partner GPs were both male, we were told that the practice had arrangements in place to accommodate gender specific GP consultation requests. However, a formal protocol was not in place. None of the patient feedback we received highlighted a lack of gender specific GP consultations as an issue of concern.
- On line appointment booking and repeat prescription facilities were available.
- A disability audit had taken place in 2015 and resulted in the installation of an entrance ramp and automatic doors.

### Access to the service

The practice's opening hours are:

- Monday - Friday: 8am-6:30pm

The practice offers extended hours opening at the following times:

- Monday 6:30pm-8:30pm

Appointments are available at the following times:

- Monday: 9am – 1pm and 4pm – 8:30pm
- Tuesday - Friday: 9am – 1pm and 3:30pm - 6:30pm

Outside of these times, cover is provided by 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.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

On the day of our inspection (3 November 2016), we reviewed appointments availability on the practice's clinical system and saw that a same day urgent appointment was available and that the next available routine appointment was Monday 6 November 2016.

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.

# 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 six complaints since November 2016. We looked at three complaints in detail and saw that they 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 patient complaint alleging that blood samples were not labelled immediately after being taken, we noted that the practice's blood taking protocol had been discussed, revised and that the labelling of blood samples was now highlighted.

# 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 continually improve the quality and effectiveness of care and to improve patient outcomes. 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 for example through reviewing CQC intelligent monitoring reports.
- A programme of continuous 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 and practice managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. 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.

- Records showed that 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.
- Staff spoke positively about the practice manager and their 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 patient feedback, the practice had recently introduced an electronic display in the reception area which advised patients when their clinician was ready to see them. A PPG member told us that the display was particularly helpful for patients with impaired hearing.

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.

### 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 (such as a local GP consortium which was aiming to provide weekend surgeries).