

JS Medical Practice

Inspection 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 location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. (Previous inspection September 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at JS Medical Practice on 7 June 2018. We carried out this inspection as part of our inspection programme.

At this inspection we found:

- The practice's QOF achievement (Quality and Outcomes Framework) was below local and national averages in a number of areas including for patients with diabetes, long-term conditions and those with mental health issues.
- The practice's performance for cervical screening and screening for breast and bowel cancer were below local and national averages.
- There was no standard procedure for recording QOF (Quality and Outcomes Framework) and screening programme information across the practice's three branches. This had resulted in its QOF achievement being, in some areas, significantly below CCG and national averages. Its performance for screening for breast and bowel cancer was below CCG and national averages. In addition, its performance for childhood immunisations was below World Health Organisation targets.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a positive and open culture and staff felt supported by the practice leaders.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff who acted as chaperones received training for this role.
- All staff of the practice received DBS (Disclosure and Barring Service) checks.
- The practice had systems to manage risk so that safety incidents were less likely to happen.

The areas where the provider **must** make improvements are:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review how to improve the security of waste storage bins outside of the three practice sites.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a second CQC inspector.

Background to JS Medical Practice

JS Medical Practice is situated within NHS Haringey Clinical Commissioning Group. The practice holds a Personal Medical Services contract (Personal Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a range of enhanced services including learning disabilities services, and health checks.

The practice has a main location at 107 Philip Lane, London, N15 4JR and branch surgeries at 104-108 Park Lane London N17 0JP (Park Lane branch), and 26 Westbury Avenue, London, N22 6RS (Westbury Avenue branch). During our inspection we visited all three of the sites operated by the practice.

The practice website can be found at:
<http://www.jsmedicalpractice.com>.

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

The practice had a patient list of approximately 12,740 at the time of our inspection.


The staff team at the practice includes two full-time GP partners (one male and one female) and ten long-term part-time locum GPs (six female and four male). Between

them the GPs worked the equivalent of 5.9 full-time GPs. The clinical team is completed by a part-time female advanced nurse practitioner who is also a nurse prescriber, three part-time female practice nurses and two part-time female healthcare assistants.


The non-clinical staff consist of two practice managers both of whom work full-time, and 14 administrative and reception staff (who work a mix of full-time and part time-hours).

All three sites are open between 8.30am and 6.30pm Monday to Friday. Appointments are available between: 9.00am and 12.00noon, and 3.00pm and 6.30pm. Extended hours surgeries are available on a Tuesday from 6.30pm to 8.00pm at the Philip Lane site. Patients of the practice can access GP and Nurse appointments at four local hubs organised by Haringey Federation 4Health. Appointments at hub locations available Monday to Friday 6.30pm - 8.30pm and weekends between 8.00am and 8.00pm.

To assist patients in accessing the service there is an online booking system. Urgent appointments and home visits are available each day and GPs also provide telephone consultations for patients. During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to access an Out of Hours service delivered by another provider.



JS Medical Practice serves a practice population with a deprivation score that is significantly higher than the England average. For example, 36% of children are affected by income deprivation, compared to a local average of 28 %, and the national average of 20%.



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?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- Arrangements for managing waste and clinical specimens kept people safe. However, clinical waste bins at all three practice sites were stored outside and were not secured to prevent the bins from being removed.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

Are services safe?

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice and all of the population groups as requires improvement for providing effective services overall.

Please note: any Quality Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had developed templates to record the minutes of multi-disciplinary team meetings. The notes recorded were inserted directly into the relevant patients record.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or might be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice worked proactively with pharmacies to carry out medication reviews, and arranged to prescribe

medicines in blister packs where patients would benefit. Blister packs display all medicines that a patient is due to take and the days and times when they are due to be taken.

People with long-term conditions:

- The latest published (2016-17) QOF figures showed that the practice's performance for management of patients was lower than average in some areas. For example:
 - The percentage of patients who had a last blood sugar measurement in the acceptable range was 64% which was below the CCG average of 77% and the national average of 80%. The practice showed us unpublished, unverified data, showing that for the QOF year 2017-18 it had improved its performance in this area to 65%.
 - The percentage of patients with diabetes who had a last blood pressure reading in the acceptable range was 55% (CCG 77%, national 78%). We saw unpublished, unverified data, showing that for the QOF year 2017-18 it had improved its performance in this area to 62%.
 - Sixty-five percent of patients with diabetes had had a cholesterol measurement in the acceptable range (CCG 75%, national 80%).

We discussed this with the practice and saw that one of the GPs had been given a lead role for managing diabetic patients. In addition, the practice attempted to engage diabetic patients in self-care by referring newly diagnosed diabetic patients to an education programme, and referral to local schemes such as the 'active for life' exercise scheme, and a weight loss pilot programme run by the nurse practitioner.

- The percentage of patients with asthma who had had an asthma review within the last 12 months was 65% (CCG 77%, national 76%).

The practice told us that the local medicines management team had carried out medicines reviews for its asthma patients. We saw unvalidated data from 2017-2018 which showed that this indicator had increased to 70%.

- The percentage of patients with COPD (Chronic Obstructive Pulmonary Disease) who had had a review within the last 12 months was 64% (CCG 91%, national 90%). We saw unpublished, unverified data, showing that for the QOF year 2017-18 it had improved its performance in this area to 90%.

Are services effective?

The practice showed us unvalidated data from 2017-18 which showed that it had increased to 93%.

- The percentage of patients with hypertension who had a last blood pressure reading within the acceptable range was 66% (CCG 80%, national 83%).

The practice was aware that their QOF performance was lower in some clinical outcomes than both local CCG and national averages. We were told that QOF exception reporting was significantly lower than other practices both locally and nationally. For example, for patients with diabetes who had had a blood sugar reading in the acceptable range in the preceding 12 months, the practice exception reported 6% of patients (CCG average 15%, and national average 12%). Exception reporting allows practices to exclude certain patients from their QOF figures for various reasons, for instance where patients are newly registered with the practice, or those already receiving the maximum tolerated treatment for their condition.

The practice had investigated why their QOF performance was lower than it expected, and found that there were inconsistencies in how clinicians recorded information for QOF purposes across the three practice sites. This had been discussed at clinical meetings, and clinicians had agreed to a consistent process. The practice had developed alerts on the computer system to ensure clinicians completed these processes.

- The practice encouraged patients with long-term conditions to be actively involved in their own self-management. For example, when patients were diagnosed with diabetes they were referred to a structured education programme for newly diagnosed diabetic patients and also to the diabetes prevention programme.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of

high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90%. For example, the percentage children aged two who had received their booster immunisation for pneumococcal infection was 88%, and the percentage of children aged two who have received immunisation for measles, mumps and rubella (MMR) was 68%. The practice was aware of this and a member of the administration team had been given the responsibility of overseeing immunisation performance. The practice had a high annual turnover of patients (20% of patients leave the practice each year) which made it difficult to ensure that children were brought in for their immunisations. In addition, it had a large number of patients who refused immunisations. The practice had developed a template for parents to sign if they refused to allow their children to be immunised, and these were then stored on the patient's record.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 63%, which was significantly below the 80% coverage target for the national screening programme. The practice was aware of this. It offered appointments throughout the week, female sample takers were available and clinicians opportunistically invited patients for

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screening. A member of the administration team had been given the responsibility of contacting eligible patients to invite them for screening as well as following up any missed appointments.

- The practices' uptake for breast and bowel cancer screening was below the national average. For example, 56% of women aged 50-70 had been screened for breast cancer in last 36 months, compared to a CCG average of 62% and a national average of 70%. And 40% of people aged 60-69 had been screened for bowel cancer in last 30 months, compared to a CCG average of 46% and a national average of 55%. The practice was aware of this. There were alerts on the system when patients became eligible for screening, enabling clinicians to opportunistically invite patients to participate.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered priority appointment access to patients with disabilities.

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

- The practice considered the physical health needs of patients with poor mental health and those living with dementia. However, only 68% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was below the national average.
- The latest published (2016-17) QOF figures showed that the practice's performance for management of patients was below average in some areas. For example:

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the local average of 85% and the national average of 84%.
- 53% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was significantly lower than the CCG average of 91% and the national average of 90%.

The practice was aware of these issues. It told us there had been inconsistencies in recording information for QOF purposes between the clinicians at the three practice sites. It had addressed this in clinical meetings, and alerts had been developed on the computer system to prompt clinicians to complete any work that was outstanding.

The practice also showed us unvalidated data for 2017-18 which showed that outcomes for patients with mental health issues had significantly improved. For example, 92% patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the previous 12 months.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, local average of and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had carried out six completed two cycle audits

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over the last two years. For example, it carried out an audit of asthma patients taking theophylline (this is a medicine that helps relax airway muscles to aid breathing). During the first cycle the practice found that only two out of 15 patients taking this medicine had received the necessary check of the level of this medicine in their system. NICE guidelines require that all patients should be tested every six to 12 months. The practice reviewed its findings and agreed to make changes to its working practices so that these patients would receive the appropriate testing. Following the second cycle of the audit the practice found that 15 out of 16 patients had been tested. It discussed the findings and decided to re-run this audit every six months to ensure that all patients were tested.

Where appropriate, clinicians took part in local and national improvement initiatives. The practice had been invited by Federated 4 Health (the GP Federation in Haringey) to take part in a diabetes care project. The project would provide a diabetes specialist nurse in the practice, who would provide comprehensive diabetes care appointments and care plans for diabetic patients.

- QOF results for some indicators were lower than CQC and national averages. The practice was aware of this and had taken some action to improve its performance.
- The overall exception reporting rate for dementia, heart failure and cancer were higher than the CCG or national averages. The practice was aware of this and explained that there had been inconsistencies in recording information for QOF purposes between the clinicians at the three practice sites. It had addressed this in clinical meetings, and with alerts on the system to prompt clinicians to complete any work that was outstanding.
- The practice used information about care and treatment to make improvements.
- It was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding on care delivery for people with long term conditions. The practice shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We received 18 patient Care Quality Commission comment cards, of which 15 were entirely positive about the service experienced. Three comment cards included a mixture of positive and negative comments. Negative comments mentioned there was a wait to get a routine appointment, and difficulty in getting an appointment with a GP of choice. None of the cards, or patients we spoke to during the inspection, mentioned being unable to get an appointment.

Results from the 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and ninety-one surveys were sent out and 98 were returned. This represented a 25% response rate (based on the then patient population of approximately 12,480 patients). The practice was comparable to other practice for its satisfaction scores on consultations with GPs and nurses. For example:

- 53% of patients who responded could get an appointment last time they tried, compared to a local average of 70% and a national average of 76%. However, the practice told us that it had made changes to its appointments system to improve patient access. All doctors were offering phone appointments following their clinics. Also, patients we spoke to on the day of inspection said that they were able to get an appointment last time they tried.
- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 96% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 95%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 81% and the national average of 86%.
- 84% of patients who responded said the nurse was good at listening to them compared with the CCG average of 85% and the national average of 91%.
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 91%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.).

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. It had previously worked with the Princes Trust and the Royal College of General Practice to develop a carers guide for GPs.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room or quiet area to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs and practice nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients organised via local pharmacies.
- The practice supported patients who wanted to discuss advanced care decisions and do not attempt to resuscitate orders and end of life care planning

People with long-term conditions:

- Patients with a long-term condition received an annual review to check that their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice ran a dedicated clinic at all three practice sites every week for patients with long-term conditions. These were run by the advanced nurse practitioner and a practice nurse and provided 20-25minute appointments to enable a full discussion of patients issues.
- The practice liaised with a multi-disciplinary team to assist in chronic disease management and used email to facilitate direct contact with consultants and nurse specialists for advice.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice proactively referred children under five to health visitors where there was a vulnerable child or family. The practice discussed vulnerable children and families during regular six to eight weekly meetings with health visitors.
- There was support for children transitioning into adulthood. The practice supported patients reaching the age of 18 who needed to access adult services for conditions such as sickle cell, congenital conditions, diabetes and asthma.

Working age people (including those recently retired and students):

- The needs of this population group 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, extended opening hours were offered from 6.30pm to 8.00pm on Tuesdays at the Park Lane site.
- Working patients could also access one of four local GP hubs that provided appointments between 6.30pm to 8.00pm on weekdays and from 8.00am to 8.00pm at weekends.

Are services responsive to people's needs?

- To encourage more working age patients to join its patient participation group (PPG), the practice told us they were reviewing the option of holding virtual PPG meetings during working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those who had no proof of identity.
- Priority appointment access was offered to patients with disabilities. There was disabled access to all practice sites and a hearing loop in reception for those with hearing impairment. Clinicians would come out to the waiting area to collect patients who were unable to read the patient appointment signboard.
- The practice undertook joint working with Drug and alcohol services: HAGA (Haringey Action Group of Alcohol); and DASH (Drug Advisory Service Haringey) to support patients with alcohol and drug issues.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice provided longer appointment times where needed, led by one of the GP partners of up to 30-60 mins to discuss patients' issues.
- The practice worked with a number of organisations to support patients experiencing poor mental health, including, Big White Wall, an online mental health and wellbeing service offering self-help programmes, creative outlets and access to a support community.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Some patients mentioned that getting an appointment with the GP of their choice meant a delay, but if they wanted to be seen sooner they could get convenient appointments with another GP.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 84% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 69%; and the national average of 71%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the practice leaflet and on its website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient made a verbal complaint about reception staff. The complaint was investigated and it was found that the patient had been verbally abusive of staff. A GP partner contacted the patient and explained that their behaviour had been unacceptable under the NHS zero tolerance policy. The policy was explained to the patient and they were reassured that the practice treated all patients with respect and expected the same in return. The patient accepted this and the complaint was resolved. NHS England was informed of the outcome of the complaint.

Are services responsive to people's needs?

The practice considered the importance of recognising that patients may have emotional issues as well as physical problems and reminded reception staff of this and of the NHS zero tolerance policy.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges to delivering a high quality sustainable care and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff told us they felt respected, supported and valued. They were pleased to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values of the practice.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and managers.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

Are services well-led?

- There had been no standard procedure for recording QOF (Quality and Outcomes Framework) and screening programme information across the practice's three branches. This had resulted in its QOF achievement being, in some areas, significantly below CCG and national averages. Its performance for and screening for breast and bowel cancer was below CCG and national averages. In addition, its performance for childhood immunisations was below World Health Organisation targets. The practice told us about changes it had implemented to standardise procedures across all three branches to improve its performance in these areas.
- There was a system to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had some processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff in readiness for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. However, the practice' QOF achievement was below local and national averages. The practice advised us that it was aware of the issues and had implemented changes to improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data and/or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had recently committed to providing training for a member of the reception team to become a medical assistant. Medical assistants are trained to read, code and action incoming clinical correspondence. This frees clinicians for other tasks as well as increasing the speed of processing correspondence received by practices.
- The practice had applied to be part of a local initiative in Haringey to recruit newly qualified doctors to work as GPs locally. The GP appointed to the practice would

Are services well-led?

commence work at the beginning of August 2018 and would participate in the practice' quality improvement project to improve diabetes care for patients, as this was a high priority within the local population.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <ul style="list-style-type: none">• Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below CCG and national averages for some patient groups including patients with diabetes, long-term conditions and those suffering from mental health issues.• The practice's performance for cervical screening, and screening for breast and bowel cancer was below CCG and national averages. The practice's performance for childhood immunisations was below World Health Organisation targets. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p>