

Drs E Greenbury & J Rosenthal

Quality Report

Park Road Surgery

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 16 March 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.
- 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 and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. 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. However, results from the GP patient survey suggested that fewer patients compared with local and national averages were happy with the opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were generally assessed and well managed. The practice had not carried out Disclosure and Barring Service checks in relation to non-clinical staff who performed chaperoning duties and had no portable oxygen supply for use in medical emergencies. However, the practice provided evidence shortly after the inspection that both these issues had been addressed.

Summary of findings

The areas where the provider should make improvement are:

- Continue to monitor the service provision, particularly with regard to patient access and opening hours.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Good



- 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 generally assessed and well managed. The practice had not carried out Disclosure and Barring Service checks in relation to non-clinical staff who performed chaperoning duties and had no portable oxygen supply for use in medical emergencies. However, the practice provided evidence shortly after the inspection that both these issues had been addressed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Results from the GP patient survey indicated that a lower percentage of patients when compared to local and national averages were happy with the practice opening hours. We saw that the practice was reviewing the service provision, including patient access issues.
- Patients we spoke with, including PPG members told us the practice was accessible, flexible and offered continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, the need to carry out DBS checks in relation to non-clinical staff who undertook chaperoning duties and to have available a portable oxygen supply for use in medical emergencies had not previously been identified.

Good



Summary of findings

- 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 focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register of 51 patients identified as needing complex case management and of those receiving palliative care (9 patients).
- Records showed that the practice monitored the patients discharged from hospital and had carried out a follow up consultation for eight patients of the nine patients.
- The flu immunization rate for older patients was comparable with the national average.
- Records showed that the practice had offered cognition tests to 44 patients who had been identified as being likely to benefit from the test.

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.
- Flu immunisation rates for patients identified as being at risk due to existing health conditions was higher than the national average.
- 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.
- Data showed that the practice was performing better than local and national averages in relation to diabetes care. It maintained a register of 155 patients with diabetes and had carried out annual foot checks on 142 of the patients.
- The practice maintained a register of 48 patients with heart failure, of whom 45 had had an annual medicines review.

Summary of findings

- The percentage of patients on the practice's asthma register, who have had a review in the preceding 12 months was comparable with the national average.

Families, children and young people

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

- 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 and maintained a register of vulnerable children.
- Immunisation rates for all standard childhood immunisations were comparable with the local average.
- 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.
- 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, health visitors and school nurses.

Good



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 practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 88%, being above the national average of 81%.
- Data showed that 1,348 patients (96% of those eligible) had undergone blood pressure checks.
- The practice was reviewing the service provision generally, including patient access issues, which particularly related to this population 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 homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. It maintained a register of eight patients and had carried out annual follow ups and care plan reviews in relation to their care.
- 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.
- 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.

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).

- The practice maintained a register of 22 patients diagnosed with dementia. Nineteen of the patients had their care reviewed in a face to face meeting in the last 12 months, above the national average.
- 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.
- Data showed that 34 patients, being 90% of those with severe mental health problems, had received an annual physical health check.
- 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 latest national GP patient survey results were published in January 2016 and covered the periods January - March 2015 and July - September 2015. The results showed the practice was performing in line with local and national averages. Two hundred and sixty-three survey forms were distributed and 122 were returned. This represented roughly 4.5% of the practice's list of 2,546 patients.

- 83% of patients found it easy to get through to this practice by phone compared to the local average of 70% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 80% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the local average of 77% and 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 local average of 71% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received, saying that staff were friendly, supportive and helpful, and that the premises were always clean. They said that GPs and the nurse took time to explain healthcare issues and involved them in decision making.

We spoke with ten patients during the inspection, together with two members of the patient participation group. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor the service provision, particularly with regard to patient access and opening hours.

Drs E Greenbury & J Rosenthal

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs E Greenbury & J Rosenthal

Drs E Greenbury & J Rosenthal (“the provider”) operate at the Park Road Surgery, 153 Park Road, London N8 8JJ. The premises, which are owned by the provider, were converted from original domestic use.

The practice provides NHS services through a General Medical Services (GMS) contract to 2,546 patients. It is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 45 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures and treatment of disease, disorder or injury, surgical procedures. The patient profile for the practice has a fewer than average children and younger adults than the national average, with a higher number of older patients.

The practice has a clinical staff of three GP partners (two female and one male), two salaried GPs (one female and one male), a practice nurse and a healthcare assistant. A fourth GP partner left the practice in January 2016. It is a teaching practice, with medical students occasionally attending on training placements. The three partners each work four clinical sessions per week and the salaried GPs

three sessions. The practice nurse works 23 hours per week over four days and the healthcare assistant 32 hours a week. The administrative team is made up of an assistant practice manager, senior receptionist and receptionist. The provider is also responsible for another practice in a neighbouring CCG. Two of the partners and one of the salaried GPs, together with the administrative staff, share their time between the two practices.

The practice’s opening hours are 8.30 am to 6.30 pm, Monday, Tuesday, Thursday and Friday. It is closed on Wednesday afternoon and at weekends and the lunch break is between 1.00 pm and 2.00 pm. Appointments with GPs are available each morning between 9.00 am and 11.50 am and during afternoons between 4.00 pm and 6.00 pm, except Wednesdays. Nurse appointments are available until 6.30 pm. All appointments can be booked up to one month in advance, including being booked online by patients who have previously registered to use the facility. Telephone consultations are available and the GPs also make home visits.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is a link to the NHS 111 service on the practice website. The website and practice leaflet also includes details of local urgent care centres and other NHS services.

We had inspected the practice using our previous methods in November 2013, when we set actions regarding cleanliness and infection control and complaints handling. We carried out a follow up inspection in May 2014 and found that the provider had taken appropriate action to comply with the regulations in force at the time.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 March 2016. During our visit we:

- Spoke with a range of staff including partner GPs, the practice nurse and healthcare assistant, the assistant practice manager and members of the administrative team. We also spoke with patients who used the service, including two members of the patient participation group.
- 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 had a detailed procedure for recording and investigating significant events, to ensure a thorough analysis of the significant events was carried out.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Staff told us of recent safety alerts received including one regarding the use of Calpol and a recall of syringes. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been two significant events in the previous 12 months. One related to a district nurse administering flu vaccine to a patient without first checking the patient's records. The patient had dementia and was unable to give consent; the records stated that consent should have been sought from the next of kin. The practice sent a written apology and changed its policy to ensure that district nurses check consent records in future.

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. One of the partners was lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the assistant practice manager were trained to child protection or child safeguarding level 3; the practice nurse to level 2 and the remaining staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. We noted that not all staff who performed chaperoning duties had received formal training. We discussed this with the provider and were told it would be completed forthwith. We were sent evidence to confirm the training had been given the following day. The practice had not carried out repeat Disclosure and Barring Service (DBS) checks in relation to non-clinical staff who performed chaperoning duties, having undertaken an assessment of the risks involved. 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. Shortly after the inspection the practice provided evidence that the DBS checks had been completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning was undertaken by a contractor following agreed written cleaning schedules. Clinical waste was disposed of by a licensed contractor. One of the GP partners 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. Not all staff had up to date training, but we were sent evidence of it having been provided within a few days of our inspection. Infection control audits were undertaken twice a year and we saw evidence that action was taken to address any improvements identified as a result. Equipment we inspected was in date and fit for use. Curtains in the three treatment and consultation rooms had a note affixed of when they were put up and were changed at least every six months. The practice had a spillage kit and a sufficient supply of personal protective

Are services safe?

equipment, such as surgical gloves, aprons and masks. All medical instruments were single-use. Notices advising on procedures relating to sharps injuries were posted in the treatment and consultation rooms.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice appropriately monitored and recorded stocks of medicines and vaccines. We saw that the vaccines fridge temperature was also monitored and recorded. All the medicines and vaccines we saw were within date and fit for use.
- We reviewed five 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 Criminal Records Bureau or Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were generally 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. Firefighting equipment had been checked and serviced just before our inspection. The practice had not carried out a recent fire risk assessment, but provided

evidence shortly after the inspection of one being completed. All electrical equipment had been checked in June 2015 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Medical equipment had been checked and calibrated at the same time. 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. A risk assessment relating to legionella, a particular bacterium which can contaminate water systems in buildings had been undertaken and it had been concluded that the premises were at low risk, there being no hot water tank.

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, which was checked on a monthly basis. We saw that the pads were in date and the battery was charged ready for use. The practice did not have an oxygen supply, but provided evidence that one had been obtained shortly after the inspection. There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage, but prepared one the day after the inspection and sent it to us. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 were 91% of the total number of points available being 0.2% above CCG average, 3.7% below the national average. The practice's clinical exception rate was 8.2%, which was 0.8% below the CCG average and 1% below the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF or other national clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 97.1%, being 15.3% above the CCG average and 7.9% above the national average.
- Performance for hypertension related indicators was 100%, being 4.7% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 79.8%, being 10.1% below CCG Average, and 13% below the national average.

During our inspection, the practice was able to provide us with QOF data for 2015/16. These confirmed that performance for diabetes and hypertension were similar to the previous year and showed that performance for mental health had improved significantly to 96%.

There was evidence of quality improvement including clinical audit. There had been nine clinical audits conducted in the last two years. Of these, three were completed audits where the improvements made were implemented and monitored. For example, an audit was done relating to the six patients on the register who had undergone a splenectomy (the surgical removal of the spleen). It showed that one patient had been incorrectly coded and that cards to record up to date immunisation status were in place. The spleen plays an important part in the body's immune system and patients who have had their spleens removed are more susceptible to infections. Accordingly, detailed records of their immunisations are important. Following the audit, the practice obtained the records cards and updated the patients' files. All patients were called in for a review of their immunisation status by the nurse. The practice had plans to audit the immunisation status of other patients groups considered to be at higher risk.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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 had a suitable information pack for use by locum GPs employed from time to time.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate 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 the Mental Capacity Act and information governance. Staff had access to and made use of a range 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 four- to six-weekly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes and action plans from Multi-Disciplinary Team teleconferences which took place fortnightly.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and

guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 88%, which was above the national average of 81%. 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 comparable to the local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 95% and five year olds from 89% to 94%.

Flu vaccination rates were comparable to local averages; for patients aged over 65 years it was 69% and for other patients considered to be at higher risk due to existing health conditions it was 54%.

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 six of the patient comment cards we received and the ten patients we spoke with 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 told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 79% and the national average of 85%.

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 82% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 37 patients as carers, being approximately 1.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- 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 required urgent consultation. Routine appointments were available the following day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, with patients being able to use two ground floor treatment / consultation rooms. Translation services available.

Access to the service

The practice's opening hours were 8.30 am to 6.30 pm, Monday, Tuesday, Thursday and Friday. It closed on Wednesday afternoon and at weekends and the lunch break was between 1.00 pm and 2.00 pm. Appointments with GPs were available each morning between 9.00 am and 11.50 am and during afternoons between 4.00 pm and 6.00 pm, except Wednesdays. Appointments with the nurse were available until 6.30 pm. All appointments could be booked up to one month in advance. Telephone consultations were available and the GPs also made home visits. Patients who had previously registered for online access could book appointments and request repeat prescriptions and the practice participated in the Electronic Prescribing Service.

The practice was provided with one pre-booked Saturday morning appointment at the local extended hours practice, under arrangements with the Haringey CCG.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed are

connected with the local out-of-hours service provider. There was a link to the NHS 111 service on the practice website, which also included details of local urgent care centres.

In addition to booking appointments, repeat prescriptions could be requested online. Patients with mobility problems could access the premises using a movable ramp and could be seen in two ground floor treatment / consultation rooms.

We saw from the results of the national GP patient survey showed that most patients were happy with their experience of contacting the practice by phone - 83% of patients said they could get through easily compared to the local average of 70% and the national average of 73%. However, 65% of patients were satisfied with the practice's opening hours compared to the local average of 70% and the national average of 75%. None of the comments cards we received mentioned this as a problem and nor did the PPG members or any of the patients we spoke with. We discussed matter with two of the partner GPs, who told us that the opening hours and appointments system was part of a general service review which was ongoing at the time of the inspection.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and a complaints leaflet available both at the practice and on its website.

We saw that one complaint had been made during the last 12 months, with five the previous year. The complaints were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. They were monitored and discussed at annual dedicated meetings. Lessons were learned from individual concerns and complaints. They were analysed to identify

Are services responsive to people's needs?

(for example, to feedback?)

any trends and action was taken to as a result to improve the quality of care. There were no trends, but we saw that in two cases the clinician concerned took time to reflect on their interpersonal skills.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's aims and objectives were set out in its statement of purpose –

- “To provide the best possible quality service for our patients within a confidential and safe environment by working together.
- To show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem.
- To involve our patients in decisions regarding their treatment.
- To promote good health and wellbeing to our patients through education and information.
- To involve allied healthcare professionals in the care of our patients where it is in their best interests.
- To encourage our patients to get involved in the practice through an annual survey and encouragement to comment on the care they receive.
- To ensure that all members of the team have the right skills and training to carry out their duties competently.”

Staff we spoke with knew, understood and supported the aims and values.

The practice had a robust strategy and supporting business plans which reflected the aims and values and which were regularly monitored.

Governance arrangements

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

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

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although the need for DBS checks for some staff members and to have a medical oxygen supply in emergency cases had not previously been identified.

Leadership and culture

On the day of inspection the partner GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partner GPs were approachable and always took the time to listen to all members of the practice team.

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. This included support training for all staff on communicating with patients about notifiable safety incidents. The partner GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

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

- Staff told us the practice held regular team meetings. We saw minutes confirming these took place weekly.
- 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. We noted the practice held annual team away days.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partner GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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 was established in 2011. It met regularly and submitted proposals for improvements to the practice management team. For example, a priority area identified by the PPG last year was that waiting patients should be kept informed if appointments were running late. Receptionists were instructed to keep patients informed and a caller board was set up in the waiting room displaying updates about appointments.
- The practice had gathered feedback from staff generally through staff meetings, appraisals, discussion and annual away days. Staff told us they would not hesitate

to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. We saw minutes of weekly "Practice Tutor Scheme" meetings, attended by various staff members and submitted to the CCG, covering both clinical and administrative issues.

The practice team was forward thinking. For example, we were shown the practice's 2016 development plan, which set out various objectives, actions and review dates, relating to both the Park Road Surgery and the practice in the neighbouring CCG, to improve service delivery and outcomes for patients in the area.