

Lawrence House Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection Lawrence House Surgery on 19 December 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. However, Medicines and Healthcare Regulatory Agency updates were not always acted upon and the necessary patient checks were not completed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect 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.
- 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.

We saw one area of outstanding practice:

Summary of findings

- The practice, in conjunction with the patient participation group (PPG) set up education talks for patients and families. There was also annual open patient fun day, where patients were invited to attend the practice and participate in talks on health promotion. Last year's patient fun day took place in June 2015. Patients were shown how to make simple healthy meals by staff for example a simple salad. There was also smoking cessation information and educational talks on sugars, mental health and nutrition. This year a fun day took place in August 2016, and there were demonstrations on

resuscitation delivered by a paramedic as parents had asked for this and information was given on resuscitation and choking. The event was also open to patients and members of the public.

The areas where the provider must make improvements are:

- Care and treatment must be provided in a safe way and the practice must take the relevant action following the receipt of MHRA updates, doing all that is reasonably practicable to mitigate any risks.

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.

- MHRA updates were not acted upon and relevant patient checks were not undertaken.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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.
- The practice, in conjunction with the patient participation group (PPG) supported several activities in the community to address physical health needs of its patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of 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

Good



Summary of findings

- 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.

- 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.
- An alert on patient records highlighted elderly patients who were particularly vulnerable.
- The practice supported the social needs of older patients through the PPG events organised for patients aged over 65 years.

The practice case managed elderly patients at risk of admissions through monthly meetings and review of care plans.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were alerts for long term conditions on patient records.
- At 86%, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was comparable to the CCG and national averages of 74% and 77%
- 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.
- The practice had online appointment booking and prescription requests.
- The practice had a palliative care register with two weekly reviews taking place by the practice. All palliative care patients had care plans.

Good



Summary of findings

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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- At 84%, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was comparable to the CCG and national averages of 80% and 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were prioritised for same day appointments.
- We saw positive examples of joint working with health visitors.
- A range of family planning services were provided including hormone implants.

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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Same day appointments were available.
- The practice was open from 8pm Tuesday and Wednesday to accommodate working people.
- Telephone consultations were available.
- Online appointment booking and prescription requests was available.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There was also an alert on the patient records where a patient was identified as vulnerable.
- Patients identified as requiring extra support were flagged on the computer system and prioritised for appointments. For example, the practice also maintained a register of patients registered as homeless and had 66 patients on the register who were offered health checks and were sign posted to support groups.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice also provided weekly alcohol counselling services for its own patients.
- 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).

- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This was comparable to the CCG average of 87% and the national average of 88%.
- Patients with severe mental health conditions were offered weekly appointments with a named GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy two survey forms were distributed and 115 were returned. This represented a 38% response rate of the practice list size.

- 67% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. Patients commented on the kind and caring nature of all staff and stated that they were treated with dignity and respect.

Areas for improvement

Action the service MUST take to improve

- Care and treatment must be provided in a safe way and the practice must take the relevant action following the receipt of MHRA updates, doing all that is reasonably practicable to mitigate any risks.

Lawrence House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Lawrence House Surgery

The practice is based within 107 Philip Lane, London, Haringey, N15 4JR. Car parking was available to the front and rear of the premises. The practice was well served by local buses and train links.

The practice staff includes a senior male GP partner, three male and two female GP partners, one male and three female salaried, one female nurse practitioner, three female practice nurses, two female healthcare assistants, a practice manager, an operations manager, two assistant operations managers and a team of reception/administrative staff.

The practice is a training practice and trained two GP registrars.

The practice is open from 8.30am and 6.30pm Monday, Thursday and Friday and from 8.30am to 8pm on Tuesday and Wednesday. Outside of these hours, cover was provided by the out of hours GP service which operated from 6.30pm to 8am, seven days a week and the NHS 111 service.

Lawrence House Surgery is one of a number of GPs covered by Haringey Clinical Commissioning Group (CCG). It has a

practice list of around 16825. The practice's patient population has an below average number older people aged 65 and 75 years and over. In terms of deprivation, Haringey is in the second most deprived decile.

The practice provides the following regulated activities:

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

The practice had not been inspected before.

Why we carried out this inspection

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

Lawrence House Surgery had not been inspected before.

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 19 December 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, practice nurses and reception/administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had six significant events recorded in the last 12 months. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient's referral was faxed to the wrong location, the incident was discussed at a practice meeting and the referral process was reviewed and the fax was no longer used to send patient information. As a result of another significant event where a male patient had died living alone and was only identified during a GP home visit, the practice developed a read code for patients living alone and the practice had 87 patients on this register. If patients on this register did not attend appointments and the practice was unable to make any contact, the practice asked the police to visit the patient at home. There had not been a repetition of such incidents since.

National patient safety alerts were disseminated by email and discussed in clinical meetings and then placed onto the practice computer system, which all staff had access to. For example, we saw alerts on Ebola displayed around the practice to inform patients of the symptoms and the action

to take. However, we did not see evidence of how drug safety updates were acted upon by clinical staff and there was no audit trail in the minutes to evidence this. For example, the practice had received an update on Hyperkalaemia risk with Spironolactone in combination with renin-angiotensin system medicines (medicines used for high blood pressure and heart failure) in February 2016 and patients on this combination of medicines had not been monitored. An MHRA drug safety update on Nexplanon (etonogestrel) contraceptive implants had not been actioned by the provider.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two GPs and a practice nurse who lead 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 were trained to child protection or child safeguarding level three. Two nurses were also trained to level three and the remaining two were trained to level two. Non-clinical staff were trained to level one. The GPs and met with the health visitor every 6 weeks and discussed children on the child protection register and children at risk. All new registered children under the age of five years were monitored by a designated member of the reception team and the names of these children were shared with the local child protection team to identify whether they were known to social services.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Information about chaperones was available in the practice leaflet. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify

Are services safe?

whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The most recent was in November 2016. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Prescription pads were kept in a locked cupboard in reception—pad numbers were logged in on receipt and out when taken by GP or nurse. The practice manager checked uncollected prescriptions weekly. Prescriptions which were older than one week were returned to the GP to follow up with the patient.
- 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a GP. The healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessment with the last one completed in December 2016. The practice carried out fire drills twice a year, with the last two taking place in July 2016 and December 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The last test was carried out in April 2016. Portable appliance testing was completed October 2016.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), which was completed in August 2015 with a review date scheduled for August 2017.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Locums had been used within the previous year to cover sickness and staff shortages. There was a locum pack in place to inform any locums of practice policies and procedures.

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.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. They had a buddy system with their branch site and another one of their group practices located within a 10 minute walk of the practice. The plan included emergency contact numbers for staff. Copies were available on the practice's computer system and in the employee handbook.

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. We saw NICE guidelines being discussed and followed for attention deficit hyperactivity disorder which was discussed at the last clinical meeting on the 16 December 2016.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical staff attended protected time initiatives funded by the CCG. They also attended locality meetings which were attended by other local practices. Clinical guidelines and protocols were discussed at both of these meetings. All clinicians fed back summaries of learning from all events they attended at practice meetings.

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 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 88% against the national average of 88%.

- The percentage of patients on the register who had had an influenza immunisation in the proceeding 1 August to 31 March was 98% against the national average of 94%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% against the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one audit was completed to look at the quality of medical records. The audit was used to inform the receptionist to record the relevant codes, to accurately reflect the problem identified by the GPs with the correct code. During the first cycle, 70% of records examined had more than two items on the active problem list which should not have been there. Significant improvements had been made during the second cycle as only 20% of the records examined had more than two items which should not have been on the active problem list.

Information about patients' outcomes was used to make improvements such as: there was diabetes management for patients which was achieved through increased staff training and awareness. A practice nurse and a GP were the leads in diabetes in management who were both trained to initiate insulin and injectable diabetes therapies.

Three GPs had completed a certificate in the management of drug misuse to improve outcomes for patients due to high prevalence of drug misuse in the local area. Part of the substance misuse scheme in Haringey, the practice held fortnightly clinics for substance misuse patients at Lawrence House Surgery.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one GP lead had received training in minor surgery and joint injections, three GPs were trained in substance misuse. One of the nurses was trained to advanced nurse practitioner level. Nurses also attended regular update training in cervical screening and immunisation. All clinical staff were encouraged to attend local monthly protected education events where they received education and updates from the Clinical Commissioning Group (CCG).
- 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 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. Most staff had received an appraisal within the last 12 months whilst others were booked to attend an appraisal meeting in the coming weeks.
- Staff were supported to progress their careers, for example one receptionist had been trained as a health care assistant and had been supported by the practice whilst another healthcare assistant had been supported to become a practice nurse. Two members of the reception team had also been trained to transition into managerial roles.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example where a vulnerable patient was discharged from hospital, the GPs directly contacted the patients to identify if they required any further investigations. The practice had dedicated a healthcare assistant to review all A & E adult and children discharges.

Multi-disciplinary team (MDT) meetings took place every two weeks where care plans were routinely reviewed and updated for patients with complex needs. Health visitors were met with very six weeks to discuss children at risk and any safeguarding concerns.

The practice kept a list of all patients who were at risk of unplanned admissions to hospital. A risk assessment was carried out monthly to identify any new patients to add to the list. These patients were discussed at weekly clinical meetings.

Practice staff meetings took every two weeks, clinical meetings took place weekly, educational meetings once a month which were open to all staff and had included educational sessions on menopause and a neurology session on headaches and migraines for staff.

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.

Are services effective?

(for example, treatment is effective)

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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were seen in specialist clinics run by the practice itself or were signposted to the relevant local service. For example the practice provided an alcohol counsellor who attended the practice once a week to see patients from the practice.
- The practice provided dietary advice and the practice ran a smoking cessation clinic from its premises and had enrolled 49 patients onto the programme in the last six months and had managed to help seven patients to stop smoking.
- Patients identified as requiring extra support were flagged on the computer system and prioritised for appointments. For example, the practice also maintained a register of patients registered as homeless and there were 66 patients on the register who were also seen at the substance misuse clinics and were offered healthcare screening.

The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 91% and five year olds from 85% to 94%.

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. The practice manager kept lists of patients with conditions such as learning disabilities, mental health and long term conditions. This included the dates reviews were due and whether a referral had been made if the patient had failed to attend their review. 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 three patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG), one of which was the chair. The group had 69 to 70 members and at least 15 members attended face to face meetings. The group had members from a wide range on nationalities which was a good representation of the practice population. The group met every six to eight weeks and informed the GPs always attended and the nurses attended when requested by the PPG. The meetings took place on a Saturday for the convenience of the group. The group asked for talks on health and wellbeing, diabetes, substance misuse including cannabis with the appropriate nurses or GPs delivering the talks.

The PPG members also monitored access to the practice. They anonymously called the practice, to see how easy it was to make an appointment and the next day they called to cancel. Then the member gave the practice manager feedback on their experience. They also informed that they called into the practice unannounced and spent one to three hours observing staff and patient interaction, checked the cleanliness of reception areas and patient toilet areas. Any issues were addressed with the practice manager, for example the PPG asked for the patient toilet to be refurbished and a new floor to be put in which was done by the practice. The PPG informed the practice listened and took all comments on board.

The PPG also helped complete friends and family surveys and sat with patients supporting them to complete the forms. Complaints were also discussed at the PPG meetings.

There was also an annual open patient fun days, where patients were invited to attend the practice and participate in talks on health promotion. Last year's patient fun day took place in June 2015. Patients were shown how to make simple healthy meals by staff for example a simple salad. There was also smoking cessation information and educational talks on sugars, mental health and nutrition. This year a fun day took place in August 2016, and there were demonstrations on resuscitation delivered by a paramedic as parents had asked for this and information was given resuscitation and choking. The event was also open to patients and members of the public.

The practice and PPG also organised an annual Christmas party for patients over 65 years. This also served to provide companionship for those who felt lonely or isolated and encouraged them to become involved with local activities.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's achievement was in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 88%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.
- 91% 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%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 87% 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

Are services caring?

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 in line with local and national averages. For example:

- 78% 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%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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 760 patients as carers (above 1% of the practice list). All carers were offered a health check as well as flu jab. Carers were also invited to the annual open patient day.

A poster on display in the waiting area advised patients to identify themselves to the practice if they were carers. Patients who were carers were flagged on the practice's computer system and prioritised for appointments where necessary. 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.

- The practice offered evening appointments until 8pm on Tuesday and Friday.
- There were longer appointments available for patients with a learning disability and vulnerable patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8.30am and 6.30pm Monday, Thursday and Friday and from 8.30am to 8pm on Tuesday and Wednesday. From 9am to 11am all GPs offered 15 minute appointments. These appointments were targeted at population groups such as older people, complex families, learning disabilities, at risk adults and vulnerable groups. There were also at least 20 emergency appointments available each day and this was increased during peak times. Older patients were also prioritised, and received a bypass number to contact the practice to avoid any waiting.

The practice had a very robust protocol for triaging patients. There was a detailed flow chart in place informing staff what to do when a patient called to ensure they were signposted correctly.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 67% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients who required a home visit were advised to contact the practice before 10am. The GP would then contact the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice advised that children should be brought in to the practice as they would be prioritised for appointments rather than waiting for a home visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information was available in the practice leaflet which was on display and given to new patients. A comments and complaints box was in reception.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. All complaints were acknowledged within 48 hours. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, in response to a complaint concerning their experience with a receptionist, the patient was written to with an apology and a description of the action that would

Are services responsive to people's needs? (for example, to feedback?)

be taken. The complaint was discussed at a practice meeting and the need for tact when discussing sensitive

issues with patients was highlighted. The practice undertook a yearly audit of all complaints received identifying themes and trends. Complaints were also discussed at the PPG meetings.

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 mission statement was to improve the health, well-being and lives of those they cared for. Staff knew and understood the practice's values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners 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 partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every year.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff were encouraged to develop in their careers and were well supported by the practice management to do so. careers for example one receptionist had been trained as a health care assistant and had been supported by the practice whilst another healthcare assistant had been supported to become a practice nurse. Two members of the reception team had also been trained to transition into managerial roles.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG members also monitored access to the practice. They anonymously called the practice, to see how easy it was to make an appointment and the next day they called to cancel. Then the member gave the practice manager feedback

Are services well-led?

Good 

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

on their experience. They also informed that they called into the practice unannounced and spent one to three hours observing staff and patient interaction, checked the cleanliness of reception areas and patient toilet areas. There were also annual open patient fun days, where patients were invited to attend the practice and participate in talks on health promotion

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples included , there was diabetes management for patients which was achieved through increased staff training and awareness. A practice nurse and a GP were the leads in diabetes management who were both trained to initiate insulin and injectable diabetes therapies. Three GPs had completed a certificate in the management of drug misuse to improve outcomes for patients due to high prevalence of drug misuse in the local area. Part of the substance misuse scheme in Haringey, the practice held fortnightly clinics for patients at Lawrence House Surgery

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person did not ensure that care and treatment was provided in a safe way and the practice did not take the relevant action following the receipt of MHRA updates, doing all that was reasonably practicable to mitigate any risks. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.