

Freezywater Primary Care Centre

Quality Report

Freezywater Primary Care Centre
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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 at Freezywater Primary Care Centre on 17 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect 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 found it difficult to access the practice via telephone to make an appointment; however, they were able to access 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.

The areas where the provider should make improvement are:

- Review procedures for authorising Patient Specific Directions's (PSD's) to ensure all staff are administering vaccines in line with legislation.
- Review arrangements in regard to the patient participation group to ensure that the group remains effective and clear about their role in supporting the evaluation of quality and delivery of services.

Summary of findings

- Regularly review telephone access to the practice to reduce untimely delays in accessing appointments and dealing with requests.

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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 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 higher than 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.
- 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.

Good



Summary of findings

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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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.
- The practice worked closely with lead professionals and participated in a monthly multi disciplinary team discussion which looked at care plans for the most vulnerable patients identified by the practice. The practice achieved an 11% reduction in emergency admissions in 2014/15.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 82% compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- The practice had established a lead clinician for people with long term conditions and the QOF (Quality Outcomes Framework).
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a minor ailments clinical daily run by a nurse practitioner.
- We saw positive examples of joint working with midwives and health visitors.

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.
- Patients had access to community services such as Ear, Nose and Throat consultants and dermatology.
- Sexual health screening was offered.
- Nurse led travel vaccination clinic.
- NHS health checks are offered to the age group of 40-74 to ensure that early diagnosis of long term conditions are identified.

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.
- 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. The practice is domestic violence trained and works with specialist organisations to refer patients.

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).

- 89% of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a national average of 75%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice referred patients to the IAPT (Improving Access to Psychological Therapies programme) for cognitive behavioural therapy and counselling.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing below local and national averages. Three hundred and thirteen survey forms were distributed and 102 were returned. This represented 1% of the practice's patient list.

- 33% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG of 69% and the national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 79%.

The practice recognised that access to the practice via the telephone was below the CCG and national average and

had taken steps in 2015 to improve patient satisfaction. An action plan had been developed which had improved the time taken to get through to the practice by 20 minutes.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Patients stated that staff were friendly and helpful. Patients felt listened to and well supported. Patients felt clinicians listened and understood particularly where patients had complex medical conditions.

We spoke with 7 patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, most told us that although they had noted a slight improvement it remained very difficult to get through to the practice via the telephone. Eighty-eight per cent of the patients taking part in the friend and family test stated they were very likely or likely to recommend the practice to friends and family.

Freezywater Primary Care Centre

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 nurse specialist adviser, and a practice manager specialist adviser.

Background to Freezywater Primary Care Centre

Freezywater Primary Care Centre is located in the London Borough of Enfield in North London. It is one of the 48 member GP practices in NHS Enfield CCG and the fourth largest practice and located in the North East of the borough. The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering primary medical services). The practice provides enhanced services for example, adult and child immunisations, extended hours, facilitating timely diagnosis and support for people with Dementia and unplanned admissions.

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

The practice has approximately 13,152 registered patients at the time of our inspection.

The staff team at the practice includes six partner GP's (five male and one female). The practice clinical team also includes six salaried GP's (two male and four female). The practice has one senior practice nurse (female), who is supported by three practice nurses (females) and two health care assistants (females). The practice has thirteen staff in its administrative team; including a practice manager and an IT manager. All staff work a mix of full time and part time hours. There are 151 weekly GP sessions available and 18 practice nursing sessions available.

The practice teaches undergraduate medical students from the Barts and London School of Medicine. In addition, the Royal Free International has approved the practice as a host for observership of doctors and nurses from China in December 2015.

The practice's opening hours are:

Monday 8.00am – 6.30pm (Extended hours offered between 6.30pm to 7.45pm)

Tuesday 8.00am – 6.30pm

Wednesday 8.00am – 1.00pm (Extended hours offered with a nurse practitioner between 6.30pm to 7.15pm)

Thursday 8.00am – 6.30pm

Friday 8.00am – 6.30pm

Saturday Closed

Sunday Closed

The practice's consultation times start at 9.00am.

Urgent appointments are available each day and GPs also complete telephone consultations for patients. There is also an out of hour's service provided to cover the practice

Detailed findings

when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

The practice has a higher than average percentage of people with a long standing health conditions than the national average (56% compared to 54%). At 78 years, male life expectancy is below the England average of 79 years. At 82 years, female life expectancy is below the England average of 83 years. The practice is located in an area where deprivation is high (ranked 2nd most deprived according to the index of multiple deprivation (IMD). This indicates a greater need for health services amongst the local population. The practice continues to support a growing population. The patient list size has grown by 20% in the last 3 years.

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.

The practice was previously inspected under the CQC's previous inspection methodology and Health and Social Care Act Regulations (2008) in November 2013 and again in May 2014 and August 2014 following concerns identified in regard to infection control.

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 17 August 2016. During our visit we:

- Spoke with a range of staff (GP's, Practice Manager, IT Manager, Practice Nurse, Practice Health Care Assistant, Receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a hospital letter was incorrectly scanned onto the wrong patient record and resulted in delay in making a referral. The practice reviewed its administrative processes to ensure that administrative tasks were appropriately allocated to clinicians. The practice worked with its stakeholders to ensure that hospital letters were processed directly through its computerised document management systems (docman) which included the use of electronic notification of discharge to reduce the likelihood of error.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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 nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. However, although we observed the premises to be clean and tidy we noted that both of the ground floor patient toilets required a further deep clean. Immediately following our inspection a copy of a significant event analysis was provided demonstrating that the practice had introduced both daily and weekly checks and had discussed the findings with the cleaning contractor. The practice nurse 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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific

Are services safe?

clinical conditions. She 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. However, one of the Health Care Assistants who had been trained to administer a specific vaccine did not have a patient specific prescription or direction (PSD) from a prescriber in place. GP leads were unaware that the member of staff was giving any vaccinations and explained this was an oversight. Immediately following our inspection a copy of an authorised PSD was sent to us and had been put in place along with a process for review.

- 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 Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

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

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. 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. We saw evidence that guidelines were discussed at monthly clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, clinical audits relating to asthma guidelines and suspected cancer referral pathways.

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 practice has established a QOF lead partner GP through its governance process. The most recent published results were 94.2% of the total number of points available with a 6% overall exception reporting. (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 hypertension related indicators were similar or above CCG and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 77% compared with a national average of 84%. Exception reporting was 3% (45 patients out of 1503) for this clinical domain compared to 4% nationally.

- Performance for mental health related indicators were above the national average. For example: 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 89%. Exception reporting was 14% (11 patients out of 76 patients) for this clinical domain compared to 13% nationally.
- Performance for dementia related indicators were above the national average. Eighty nine per cent of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a national average of 75%. Exception reporting was 3% (1 out of 37 patients) for this clinical domain compared to 8% nationally.
- Performance for diabetes related indicators was comparable to or above the national averages. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 82% compared to the national average of 78%. Exception reporting was 4% (28 of 651 patients) for this clinical domain compared to 11% nationally. For the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 84% compared to 81% nationally. Exception reporting was 8% (52 of 651 patients) for this clinical domain compared to 11% nationally.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. Three were completed over more than one cycle. Clinical audits formed part of an overarching audit programme overseen by the practice leads for governance and clinical and OOF.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice shared findings of its audits with practices across the CCG locality. For example, an audit on cardiology referral and the frequency of A&E attendances by patients registered at the practice.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, in January 2015 the practice began a 4 cycle audit of patients taking medicine X and medicine Y a statin (medicine used to treat patients with high Cholesterol) following a guideline from the medicines and healthcare regulatory agency (MHRA) in which as it had been found that this medicine had contra-indications with other medicines. One Hundred and forty eight patients had been identified on this combination in January 2015 during the initial audit. The patient's registered GP was informed and patients were contacted to change or reduce the concerning medicines. Three further audits took place in June 2015, September 2015 and then again in November 2015 where only 18 patients had been identified following contacts made by the practice. In April 2016 a final audit took place a 8 patients were identified and followed up. The outcome of the audits were discussed in the practice Clinical Governance meeting and all GPs were made aware that they should refrain from signing prescriptions with this combination of medicines and make changes proactively through patient contact before the audits are conducted in the final cycle.

Information about patients' outcomes was used to make improvements. For example, the practice undertook an audit of 60 patients with asthma who were on high doses of steroid inhalers in the treatment of their condition. The practice asthma nurse undertook reviews with the patient to assess whether it was clinically appropriate to continue on the high dosage or reduce the medicines used to a lower dosage. Following the audit, the percentage of high dose inhaler prescriptions had reduced by 5%. It also meant that people were being treated more appropriately.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, the palliative care team, the community matron and health visitor.

In 2014/15, the practice signed up for a CCG initiative which involved an integrated primary care service. This service was designed to reduce those older people that were at most risk of emergency hospitalisation from being

Are services effective?

(for example, treatment is effective)

admitted. In July 2015 the Enfield CCG informed the practice that they had successfully reduced emergency admission rates by 11%. The practice was able to achieve this rate through effective care planning with identified patients which was led by a lead for older people within the practice. We saw examples of care plans which included those patients receiving end of life care and included discussion with lead professionals as well as initial post discharge reviews.

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. For example minor surgery.

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. Patients were signposted to the relevant service.

- Patients were referred to a dietician should this be an identified need and smoking cessation advice was available from a local support group or via the practice's healthcare assistants.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% 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 66% to 85% compared to a CCG average of 71% to 80% and five year olds from 54% to 87% compared to a CCG average of 65% to 86%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that 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 was comparable with 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 85% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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. Practice staff spoke a number of community languages.
- Information leaflets were available in easy read format and available in a number of different languages.

Are services caring?

- The practice had access to a British Sign Language (BSL) interpreter.

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 187 patients as carers (1.4% 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. The practice also made referrals to bereavement counselling provided by the IAPT service.

The practice had a bereavement policy in place. Practice leads told us that they review each patient that has died to ensure that the practice provided the best possible care and support and then could make changes to working practices as a result.

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 a 'Commuter's Clinic' on a Monday until 7.45pm with a GP and Wednesday evening until 7.15pm with a nurse practitioner for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A direct telephone number was available for patients on a care plan as they were deemed most vulnerable.
- A weekly baby clinic and post-natal depression screening for new mothers and onward referral to IAPT services.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Access to community hub clinics such as a consultant led community Dermatologist, ENT and Audiology and psychological medicine expertise, midwife led ante-natal clinical.
- Host location practice for the CCG multi-disciplinary team meetings for the North East locality.
- Community phlebotomy service and anticoagulation clinic available from the practice premises.
- The practice ran a minor Surgery clinic monthly.
- The practice had a minor ailments clinic which was run by the nurse practitioner who is an independent prescriber once a week.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift and wheelchair access including disabled facilities.
- There was an isolation room available should a patient attend the practice who may be highly infectious.

Access to the service

The practice's opening hours are:

Monday 8.00am – 6.30pm (Extended hours offered between 6.30pm to 7.45pm)

Tuesday 8.00am – 6.30pm

Wednesday 8.00am – 1.00pm (Extended hours offered with a nurse practitioner between 6.30pm to 7.15pm)

Thursday 8.00am – 6.30pm

Friday 8.00am – 6.30pm

Saturday Closed

Sunday Closed

The practice's consultation times start at 9.00am and continue throughout the practice's opening hours. In addition to pre-bookable appointments that could be booked up to six weeks in advance; urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 33% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% national average of 73%.

Patients we spoke to on the day of the inspection also told us that they found it difficult to get through to the practice by telephone which is reflected in the national patient survey result. Patients told us that there had been an improvement in the length of time waiting for the telephone to be answered in the last few months, but during the early mornings it was often still around a 20 minute wait to get through. We spoke to practice leads about this. They were able to provide an action plan specifically in relation to delays in answering the telephone. The leads told us that the number of available telephone lines had increased from three to six. In addition, the recently appointed practice manager had reviewed arrangements for answering the phones with staff and increased the number of staff available specifically between 8am and 9am. They also contacted the telephone provider and undertaken a contract review in order to

Are services responsive to people's needs?

(for example, to feedback?)

provide an improved service for patients. The provider was able to demonstrate that the queue time for a call during peak hours had significantly improved from 40 minutes to approximately 20 minutes; but acknowledged that there was more work to be done on access to the practice.

Patients 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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. The practice's patient information leaflet contained information about how to complain as did the practice's website. We did not find a poster displayed about how to make a complaint and this was immediately actioned during our visit; however, the practice had these at reception which was given to patients if they asked how to complain.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we looked at complaint regarding a delay in receiving an appointment following an urgent cardiac referral. We saw that the patient's complaint was acknowledged and responded to within an appropriate timescale and that action had been taken to ensure that the hospital department was contacted and an appointment given for the same day to avoid further delay. We saw evidence that this complaint was followed up at the practice's administration meeting where the referral processes were discussed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust 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. The practice had a designated governance lead partner who was also a partner at a buddy practice. Together the practices were working in a federated way with a view to share expertise, resources, and overarching governance structures which helped to mitigate the risks and enhance patient care and safety. For example, access to staff training between practices had been useful. The governance arrangements at the practice 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 robust 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 practice had established a mentoring scheme to support partners and salaried GP's. Each partner has specific lead roles with the practice. There were designated clinical and non-clinical leads.

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. We saw a number of examples of clinical and non-clinical discussion with input from lead professionals.
- 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 at least once a year.
- 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 partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good 

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

- The practice had begun to gather feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had started to meet regularly, but were yet to carry out patient surveys and submit proposals for improvements to the practice management team. A new chair had been appointed to the group and the group was keen to support the practice to improve access for patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the partners had recently appointed a new practice manager to improve governance and support workforce needs. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was actively engaged in discussions about new models of working in the light of the need to access GP's between 8am and 8pm 7 days a week. The practice was developing a federated model of working with a buddy practice to help enhance the quality of the service provided. The practice is looking to recruit its own in house pharmacist to lead on medicines reviews for patients so that GP's can dedicate their time to seeing patients and meeting expectations. The practice also planned to recruit more nurse practitioners to support the minor ailments clinics. In addition, the practice had plans to use the second floor of the building to accommodate more diagnostic and consultation space as well as support federative working across the North East locality.