

Dr David Jones

Quality Report

2a Willan Road

London

N17 6BF

Tel: 020 8365 1022

Date of inspection visit: 11 July 2016

Website: www.broadwaterfarmmedicalcentre.co.uk Date of publication: 10/10/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr David Jones	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr David Jones (Broadwater Farm Medical Practice) on 11 July 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. However a health and safety risk assessment had not been carried out on the children's outdoor play area which was found to be in need of renewal. The practice was aware of this and advised parents to not allow their children on the equipment.
- 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.

The areas where the provider should make improvement are:

- Carry out a health and safety risk assessment to take into account the children's play area.

Summary of findings

- Improve telephone access by completing the practice move to a central booking system.
- Produce a schedule for the regular cleaning of clinical equipment.
- To review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

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.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. For example the provision of a diabetes clinic for people located on the estate.
- 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.
- Some concerns had been raised regarding accessing the practice by telephone. However this had been addressed by the practice.
- 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 strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had an agreement with a local pharmacist to provide dosette boxes for older patients.
- The practice had regular multi-disciplinary telephone conferences to discuss older patients.
- The practice undertook annual reviews for patients over 75. This included a dementia test or review.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 82% compared to the CCG average of 77% and the national average of 80%.
- The percentage of patients with a recorded foot examination and risk classification was 96% compared to the CCG average of 85% and the national average of 88%.
- However, the percentage of patients who's last IFCC-HbA1c was 64 mmol/mol or less was 68% compared to the CCG average of 74% and national average of 77%.The percentage of patients where the last blood pressure reading was 140/80 or less was 61% compared to the CCG average of 75% and the national average of 78%.Longer appointments and home visits were available when needed. The practice was aware of this and were providing further appointments at a local practice that belonged to the group of practices to increase availability.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. This included a dementia test or dementia review if already diagnosed.

Summary of findings

- 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.

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.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 72% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided an outside play area for children while they waited for their appointment.

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 including booking appointments and ordering repeat prescriptions.
- Telephone consultations were offered for those patients unable to attend the practice during working hours.
- The practice provided a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 had an agreement with a local pharmacist to provide a dosette box for vulnerable 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).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the records was 92% compared to the CCG average of 87% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded was 95% compared to the CCG average of 89% and the national average of 89%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 90% compared to the CCG average of 86% and the national average of 84%.
- 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.

Good



Summary of findings

- 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 in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ninety seven survey forms were distributed and 100 were returned. This represented 3% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 66% 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%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% 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 37 comment cards about the standard of care received. Most cards were positive about the practice and service provided and commented on the friendliness and efficiency of the staff. However some comments were made about the difficulty in accessing the practice by telephone. The Lawrence house group of practices operated a centralised call centre where patients could ring and make an appointment for any of the group's practices. The practice informed us that there was an issue with it connecting to the central call centre and while that was being resolved, patients were given a separate number to access the practice for appointments.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the latest Friends and Family test, 90% of patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Carry out a health and safety risk assessment to take into account the children's play area.
- Improve telephone access by completing the practice move to a central booking system.
- Produce a schedule for the regular cleaning of clinical equipment.
- To review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

Dr David Jones

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 second CQC inspector, a GP specialist adviser and an Expert by Experience.

Background to Dr David Jones

Dr David Jones (Broadwater Farm Medical Practice) is located in Haringey, North London. The practice has a patient list of approximately 2890. Fifty one percent of patients are aged under 18 (compared to the national practice average of 15%) and 8% are 65 or older (compared to the national practice average of 17%). Fifty four percent of patients have a long-standing health condition.

The Broadwater Farm Medical Practice had recently merged with the Lawrence House Group and has become the third practice within the group. Dr David Jones has become a partner within the group. The practice has regular clinical staff based at the practice. There is a central call centre where patients can ring for appointments. When they call they are made an appointment with the practice or with the closest practice to where they are located if no appointments are available. Patients can request to be seen at any of the group's practices. This was to alleviate the volume of telephone calls handled by the receptionists within the practice.

The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises a male GP partner who is based at the practice (working eight sessions a week), a regular

female locum GP working six sessions per week, a locum nurse Female (working five sessions a week), a practice manager, secretarial and administrative staff. Broadwater Farm Medical Practice holds a Personal Medical Service (PMS) contract with NHS England.

The practice's opening hours are:

- Monday and Tuesday 8.00am-8:30pm
- Wednesday, Thursday and Friday 8.00am – 6:30pm

Appointments are available at the following times:

- Each morning between 9.00am and 12:30pm
- Each afternoon between 2.00pm and 6:30pm

The practice offers extended hours opening at the following times:

- Monday and Tuesday 6:30pm – 8.00pm

The telephone lines are diverted to the out of hour's provider when the practice is closed.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them. If there are no appointments available at the practice, patients are offered an appointment at another of the practices within the group if the patient wants to be seen sooner.

The practice is registered to provide the following regulated activities which we inspected: family planning, treatment of disease, disorder or injury; diagnostic and screening procedures, surgical procedures and maternity and midwifery services.

This practice has not previously been inspected.

Detailed findings

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.

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 11 July 2016. During our visit we:

- Spoke with a range of staff (GP's, practice manager and administrative) 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, when it came to light that patient information was faxed by the organisations central booking team to the wrong NHS organisation, the practice changed its policy so that all patient information was either mailed or emailed via the NHS network. Staff were told to double check information before sending on for processing. The incident was discussed and the patients involved informed of the incident and what the practice had done to ensure it was not repeated.

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. Vulnerable patients were flagged on the practice computer system and the practice were putting in plans to distinguish why a patient was classed as vulnerable so that staff were more aware of any concerns when communicating with the patient. GPs were trained to child protection or child safeguarding level 3. Practice nurses were trained to child safeguarding level 2. Non-clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had schedules in place for the cleaning of the building but no schedules were in place for the cleaning of specific equipment such as spirometer, nebuliser and ear irrigators. This was highlighted at the inspection and we were informed that this would be put in place. 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

Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed six 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. We viewed the most recent health and safety risk assessment and found that this did not take into account the maintenance and security of the children's play area at the rear of the building. On the day of inspection we found that the children's garden toys were in need of reconditioning and that the gate to the main road was unlocked. The practice informed us that they were aware that the equipment needed updating but remained in use. However they advised patients not to use the area. 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 (last checked in October 2015) to use and clinical equipment was checked (last checked 6 April 2016) 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. At

the time of inspection the practice did not have an up to date legionella assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Since the inspection visit we were provided with evidence that a legionella assessment took place on 2 August 2016. No action points were identified.

- Arrangements were in place for planning and monitoring the number 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. Staff covered each other in times of sickness or annual leave.

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. Each computer had access to the CCG GP portal which provided the latest guidelines for reference. Weekly teaching sessions were also provided for clinicians to discuss any new guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages.
 - The percentage of patients who had an influenza immunisation was 99% compared to the CCG average of 88% and the national average of 94%.
 - The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 82% compared to the CCG average of 77% and the national average of 80%.
 - The percentage of patients with a recorded foot examination and risk classification was 96% compared to the CCG average of 85% and the national average of 88%.

- The percentage of patients whose last IFCC-HbA1c was 64 mmol/mol or less was 68% compared to the CCG average of 74% and national average of 77%. The practice was aware of this result and were making more nurse appointments available to provide health information.
- The percentage of patients where the last blood pressure reading was 140/80 or less was 61% compared to the CCG average of 75% and the national average of 78%. The practice was aware of this result and were making more nurse appointments available to provide health information.
- Performance for mental health related indicators was comparable to the CCG and national averages.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the records was 92% compared to the CCG average of 87% and the national average of 88%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded was 95% compared to the CCG average of 89% and the national average of 89%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 90% compared to the CCG average of 86% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- We were provided with evidence of three clinical audits conducted in the last two years; one of these was a completed audit 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, recent action taken as a result of an audit on lithium monitoring included assigning a member of staff to send written reminders for patients to come for their blood tests, using a lithium monitoring card as a tool to remind patients and to ensure alerts were up to

Are services effective?

(for example, treatment is effective)

date on the computer system for patients who required regular monitoring. These steps showed that there was an increase in patients attending for blood tests and an increase in the number of patients being actively monitored between the two audit cycles.

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. Telephone meetings took place with other health care professionals on a fortnightly basis when care plans were routinely reviewed and updated for patients with complex needs. The palliative care nurse contacted the practice as required to discuss patients on the palliative care register.

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. Administration staff had received specific guidance regarding the consent of patients under 16 on how this should be managed.
- 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. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

Are services effective?

(for example, treatment is effective)

- Annual health reviews were undertaken in the homes of patients on the house bound registers.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 72% 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 82% to 100% (CCG average range of 86% to 94%) and five year olds from 89% to 100% (CCG average range of 89% to 91%).

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 37 patient Care Quality Commission comment cards we received were positive about the service experienced, however some concern was expressed in regard to telephone access to the practice. 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 three 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 84% 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%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% 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%.
- 86% 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%.
- 86% 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

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as

carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were also signposted to local authority carer's services.

Staff told us that if families had suffered bereavement, the 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 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. For example working with the CCG to provide diabetes clinics specifically for patients on the Broadwater Farm estate.

- The practice offered an extended hour's clinic on a Monday and Tuesday evening until 8.30pm 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, patients on the long term registers and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice had an agreement with a local pharmacist to provide dosette boxes (a box designed to organise medicines) for older and vulnerable patients.
- Multi-disciplinary telephone conferences took place to discuss the needs of older and vulnerable patients.
- The practice undertook annual reviews for patients over 75. This included a dementia test or annual review.
- All patients with a long term condition had a named GP.
- The practice ran a GP and nurse led diabetic clinic.
- The practice provided a children's play area and garden and breastfeeding area.
- The local midwives team was based at the practice and held clinics for patients.
- The practice proactively worked with health visitors and school nurses. This included a six weekly multidisciplinary meeting.
- The practice offered a range of online services which included booking appointments and requesting repeat prescriptions.
- Telephone consultations were available.
- All patients on the mental health register had received a care plan and annual health check.

- 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.

Access to the service

The practice's opening hours are:

- Monday and Tuesday 8.00am-8:30pm
- Wednesday, Thursday and Friday 8.00am – 6:30pm

Appointments are available at the following times:

- Each morning between 9.00am and 12:30pm
- Each afternoon between 2.00pm and 6:30pm

The practice offers extended hours opening at the following times:

- Monday and Tuesday 6:30pm – 8.00pm

The telephone lines were diverted to the out of hour's provider when the practice was closed.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. If there were no appointments available at the practice, patients were offered an appointment at another of the practices within the group if the patient wanted to be seen sooner.

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

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 79% 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. However, some patients that completed comment cards stated how they found it difficult to obtain an appointment over the telephone. The Broadwater Farm Practice was connected to the Lawrence House Group central booking call centre (established to alleviate the calls handled by the front line receptionists) where patients could call and make

Are services responsive to people's needs?

(for example, to feedback?)

an appointment for any of the group's practices but had experienced some problems with connecting the Broadwater Farm Practice to this system, which in turn caused difficulties for patients accessing the practice by telephone. The practice had recently implemented a separate number for patients to contact the practice in order to alleviate the technological issues being faced until the central call system was running appropriately.

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. This included posters in the waiting room, complaints leaflet and information on the practice website.

We looked at four complaints received in the last 12 months and found they were handled 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, after complaints were received regarding the professionalism of reception staff, customer service training was offered to all staff and annual refresher training was provided.

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 recently become part of the Lawrence House Group of practices and had adopted the central governance framework for the organisation. The governance framework 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
- 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 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.
- 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, one proposal was to undertake talks on areas such as mental health, diabetes, dietary issues and wellbeing which was taken up by the practice and had proved to be highly successful.
- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example GP's were able to take one weeks study leave per year and clinical staff were able to work in different practices within the group in order to aid their own learning and bring experiences back to the practice that they were regularly based at.