Boundary House Surgery

Quality Report

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Date of inspection visit: 9 December 2015
Date of publication: 16/03/2016

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	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Boundary House Surgery on 9 December 2015. Overall the practice is rated as requires improvement.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, those relating to recruitment checks, emergency equipment and quality assurance of record keeping.
- Staff were not clear about reporting incidents, near misses and concerns and there was inconsistent evidence of learning and communication with staff.
- Data showed patient outcomes were mixed for the locality. Although some clinical audits had been carried out, we saw no evidence that they were being used to drive improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity.

The practice had proactively sought feedback from patients and had an active patient participation group. The areas where the provider must make improvements are:

- Ensure that all significant events are recorded and identified to the reduce the likelihood of risks occurring. Ensure that risks are continually monitored and appropriate action taken.
- Ensure recruitment arrangements include all necessary employment checks for all staff. Specifically in regard to DBS checks.
- Ensure emergency equipment is fit for use for both adults and children and is stored appropriately and easily accessible should there be an emergency situation.
- Ensure all chaperones are trained appropriately and have undertaken a DBS check.

Summary of findings

- Ensure staff are appropriately trained in protecting vulnerable adults.

- Ensure that their audit and governance systems remain effective. Ensure internal and clinical audits drive sustained improvement in patient outcomes.

In addition the provider should:

- Ensure that care plans for the most high risk patients are shared with patients and their carers to assist in reducing admission to hospital where appropriate.
- Ensure that changes to patient medicines is clearly recorded on all appropriate clinical systems to avoid the potential for risk of an error.
- Improve the identification of carers.
  - Increase the level of identification of patient records through appropriate coding. For example those on the child protection register and those with long term conditions.
  - Review the availability of non-urgent appointments.
  - Ensure there is a record of clinical and governance meeting discussions so as to enable reflection on outcomes being achieved and to identity improvement areas.

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?

Inadequate

The practice is rated as inadequate for providing safe services, as there are areas where improvements should be made.

- Staff were not clear about reporting incidents, near misses and concerns and there was inconsistent evidence of learning and communication with staff. There was no formal system for reporting incidents.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Not all staff were trained in how to protect vulnerable adults and chaperoning had not had recent DBS checks to ensure they could act appropriately in the role of a chaperone.

Are services effective?

Requires improvement

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

- Data showed patient outcomes were low for the locality for management of diabetes. For example 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 45.81% compared to the national average of 78.03%.
- Knowledge of and reference to national guidelines were inconsistent.
- Clinical audits had begun to improve patient outcomes but some improvement areas had not been actioned.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice comparable than others for aspects of care. Eighty-two per cent said the GP was good at listening to them (CCG average of 85%, national average of 89%). Seventy-six per cent said the GP gave them enough time (CCG average 82%, national average 87%).
- All patients said they were treated with compassion, dignity and respect.

Summary of findings

- Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and that 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision but lacked a supporting strategy. However not all staff were aware of this and their responsibilities in relation to it. Staff felt supported by management despite the leadership capacity challenges.
- There were very limited arrangements to monitor and improve quality and identify risk.
- The practice had a number of policies and procedures to govern activity.
- The practice proactively sought feedback from patients and had a virtual patient participation group (PPG).
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.
- Clinical leadership arrangements did not support the delivery of high-quality person-centred care.

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

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- Care and treatment of older people did not always reflect current evidence-based practice, for example those older people most at risk of hospital admission did have access to their completed care plans in order to avoid hospital admission as they were held on the patient record.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

People with long term conditions

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement 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.
- 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 70.98% compared to 80.53% nationally.
- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

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.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, These were also comparable to CCG and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours. The premises were suitable for families, children and young people.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as inadequate for safety, and requires improvement effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice offered extended opening hours for appointments. Patients could book appointments and order repeat prescriptions online.
- Health promotion advice was offered but there was limited accessible health promotion material available in the waiting area of the practice. Practice nurses provided information to patients during their consultations.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement 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.
- It had carried out annual health checks for most people with a learning disability.

Summary of findings

- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children. Although two members of clinical staff had not had protecting vulnerable adults training.
- Most 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 had begun to identify carers but not a significant number as a proportion of its patient list.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- Only 31% of people experiencing poor mental health had received an annual physical health check.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia.Performance for dementia related indicators were similar to the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 88.9% compared with a CCG average of 83.3% and a national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Most staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and seventy six survey forms were distributed and 104 were returned.

- 75.3% found it easy to get through to this surgery by phone (CCG average 67.2%, national average of 73.3%).
- 89.9% found the receptionists at this surgery helpful (CCG average 84.2%, national average 86.8%).
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81.7%, national average 85.2%).
- 87.9% said the last appointment they got was convenient (CCG average 89.2%, national average 91.8%).
- 64.1% described their experience of making an appointment as good (CCG average 69.8%, national average 73.3%).
- 39.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 55.5%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were generally very positive about the care and treatment received by staff at the surgery. However, ten patients stated that it can often be difficult to get a routine appointment and on occasions the waiting time to see a doctor can be longer than 20 minutes.

We spoke with 6 patients during the inspection. All 6 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring

Boundary House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector**.** The team included a GP specialist advisor, a two second CQC inspectors, and a practice nurse specialist advisor.

Background to Boundary House Surgery

Boundary House Surgery is situated in Edmonton, North London within the NHS Enfield Clinical Commissioning Group (CCG). The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). The practice provides a full range of enhanced services including adult and child immunisations, facilitating timely diagnosis and support for people with Dementia, and minor surgery.

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

The practice had a patient list of just over 5200 at the time of our inspection.

The staff team at the practice included one GP partner lead (female), one salaried GP (female) and two GP locums (one male and one female) and one practice manager partner) and there were two practice nurses (female). The practice had six administrative staff. All staff work a mix of full time and part time hours. The practice is not a training practice.

The practice is open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries are offered on a Tuesday evening from 6.30pm to 7.30pm and on Wednesday evening from 6.30pm to 8.30pm. The surgery is closed on Saturday and Sundays. To assist patients in accessing the service there is an online booking system, and a text message reminder service for appointments and test results. Urgent appointments are available each day and GPs also complete telephone consultations for patients. An out of hour's service provided by a local deputising service covers the practice 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 website as well as through posters and leaflets available at the practice. There are approximately 22 GP appointment sessions available per week and 7 sessions available per week for the practice nursing staff this excludes telephone consultations.

The practice had a lower percentage than the national average of people with a long standing health conditions (51% compared to a national average of 54%); and a lower percentage than the national average of people with health related problems in daily life (43% compared to a national average 49%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and in line with the national average for females.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 December 2015. During our visit we:

- Spoke with a range of staff (GP's, practice Manager, practice nurses, and administrative staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was not an effective system in place for reporting and recording significant events.

- Staff were not encouraged to report significant events. There were no regular formal clinical meetings where events are discussed. Staff were not clear what constituted such events and what the process of reporting, recording and analysing the effects on patient safety were. Only three events had been recorded in the past year. Through our discussions with staff further events were identified that had not been reported or discussed through a clinical governance process. For example, prescribing errors. Referral letter errors and an incident regarding a diabetic patient in renal failure (loss of kidney function) that had missed a number of hospital and GP appointments putting their health at risk. The lead GP recognised that significant events were not systematically identified through a regular process despite the practice having a written protocol.

Staff were able to give examples of national patient safety alerts. The practice did not have formal clinical discussions or minutes of meetings where these had been discussed. We were not able to establish how lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice did not always have clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were not always in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Local requirements and 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 however, not all staff had received training which training which was relevant to their role. Two locum GPs had not yet undertaken safeguarding vulnerable adults at the appropriate level. The practice manager informed us this would be arranged following our visit. During our discussions with the lead GP we looked at two examples of patients who had a child protection plan (CPP).We found that patient notes identified that they were on a CPP however; the specific records had not been correctly identified or flagged through the coding function on the patient management system. This process enables staff to actively identify report and monitor. The lead GP told us that record coding was inconsistent for a number of reasons; for example, they were often missed due to consultation time pressures or a lack of system knowledge on the part of the staff member and finally a lack of agreement about which codes should be applied.
- A notice in the waiting room advised patients that chaperones were available if required. Five staff who acted as chaperones had not been appropriately trained for the role and only one member of staff; the practice nurse had a current disclosure and barring service check (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 lead GP was unaware of the practice's policy in regard to chaperoning and how chaperones should operate should they be required according to guidelines. Following our inspection the practice manager confirmed that DBS checks had been applied for and only the practice nurse would act as a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with both the practice manager and facilities leads for the purpose built health centre where the practice was located. Evidence we saw reflected 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.
- Some arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. The practice had a dedicated member of the administration team who monitored the prescription process. Prescription 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. However, in regard to medicines reviews; when reminding patients that they needed a review there was not always a record of whether the review had occurred on their notes. Therefore, if they were using the electronic prescribing system, the GP may not be aware that the patient had been called in for a medicines review.

- We reviewed six personnel files and found there had been no recruitment of permanent staff in the last five years. However, we looked at file for a locum GP who had joined the practice within the past 2 years and we found that it did not contain the appropriate recruitment checks including references, photographic identification, and a valid DBS check (Disclosure and Barring Service) as the one recorded had expired in 2011 and had not been rechecked and recorded. We also looked at the file of the lead GP and two other locums and found that no valid DBS check on file.

Monitoring risks to patients

- Risks to patients were not always assessed and well managed.
- However, 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 All office. The practice had up to date fire risk assessments and carried out regular fire drills. 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 also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a set rota in place for all the different staffing groups to ensure that enough staff were on duty. This rota included locum arrangements. The lead GP for the practice told us that they were actively seeking to recruit additional salaried GP's as well as an additional GP partner to provide stability for the practice in the long term as currently they are reliant on a part time salaried GP and two locums. The practice had two established locums working regular sessions weekly.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises which it shared with another practice in the health centre. Oxygen was available in the reception area and was checked regularly however, we noted that the adult and child masks were not kept with it and were located separately in a consultation room and staff were not clear why this was the case. Staff told us that emergency equipment was being checked by the Practice manager.
- There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 and outlined arrangements with a local practice should they need to relocate to an alternative site.

Requires improvement

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 did not have 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 peoples' needs. However, we found no evidence that clinical guidance and standards were formally discussed as part of a clinical process as the practice did not have a formal clinical meeting structure where guidance could be discussed and agreement reached about how to implement changes across clinical practice. Staff told us they discussed issues from time to time informally but did not follow up on the implications of changes in evidence based guidelines.
- The practice did not have a system for monitoring 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 was not consistent in its approach to collecting information for the Quality Outcomes Framework (QOF) and in assessing its performance against national screening programmes which monitored 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 78.5% of the total number of points available, with 5.3% 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 outlier for QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for hypertension related indicators was above the below CCG and national average. For example, 67.5% of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less compared with aCCG average of 80.9% and a national average of 83.6%
- Performance for mental health related indicators were similar the national average. For example: 80% 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 88.3% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 100% compared with a CCG average of 89.9% and a national average of 89.5%.
- Performance for dementia related indicators were similar to the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 88.9% compared with a CCG average of 83.3% and a national average of 84%.
- Performance for diabetes related indicators was below the national average. 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 45.81% compared to the national average of 78.03%. 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 70.98% compared to 80.53% nationally.

The practice acknowledged their QOF figures were low for diabetic and hypertension health related indicators and told us that this was due to a lack of patient record coding and a shortage in clinical capacity or system knowledge. At the time of the inspection there was one lead GP, a salaried GP and two locums covering clinical sessions. QOF performance was not regularly discussed at any formal clinical meetings and there were no plans in place to look specifically at improving performance in outcomes other than seeing patients at their usual appointments or reviews should these be picked up. Clinical staff acknowledged they lacked understanding of how to use the practice's clinical recording system to its full potential and were not maximising on opportunities to efficiently and effectively record outcomes. The GP lead recognised that performance management and oversight has not been made a priority due to their leadership capacity challenges;

being the only partner GP. We looked at six medical records for patients with diabetes, hypertension, receiving palliative care, and found that although the records had not been coded appropriately for reporting purposes they all correctly reflected patient's medical information. This means that QOF data may not accurately reflect current clinical performance.

The practice participated in local benchmarking. The lead GP attended monthly Clinical Commissioning Group meetings (CCG) at which benchmarking data was presented and discussed. The latest quarterly benchmarking data showed the practice A&E attendance was average in comparison to the CCG. These meetings were recorded but information was not shared with the remaining clinical team at any meetings that took place. The practice was part of avoiding an unplanned admissions scheme and used risk stratification and to identify those most at risk.

Clinical audits did not always demonstrate quality improvement because patient care and treatment was not always monitored regularly or robustly and findings did not result in a systemic change to clinical practice.

- There had been three clinical audits completed in the last two years. Two of which were completed across two cycles. However, both audits demonstrated that improvements had been implemented and monitored and did not result in a systemic change in clinical practice. The first audit focused on the diagnosis and treatment of glaucoma in patients to prevent any morbidity and visual loss as the long term complication. Results for 2014 and 2015 showed that there had been improvement in numbers of patients being appropriately treated. However, although incorrect coding of patient records was identified as a concern there was no evidence of a follow up resolution noted. Another audit looked at patient consent over 2014 and 2015. Findings showed that only one GP had been appropriately recording examinations requiring consent or chaperoning through the code identification process on the patient record system. As a result at the end of the second cycle although there had been improvement in the recording of documentation on consent by two of the GP's this had not been consistently applied by all clinicians working at the practice. Therefore recording practices were still an issue here with an improvement action to better select consent and chaperone codes following examinations.

Effective staffing

We looked at the practice's systems for ensuring that staff had the skills, knowledge and experience to deliver effective care and treatment. We noted the following:

- The practice had an induction programme for new staff. The template covered such topics as health and safety but made no specific reference to safeguarding, infection prevention and control, fire safety, or 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, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding young people and adults, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, two clinical staff had not undertaken safeguarding adults training to the appropriate level for their role. Following the inspection the practice manager provided evidence that this training had been booked to take place within the next two months.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. However, although the practice had developed care plans for those patients most

Requires improvement

Are services effective?

(for example, treatment is effective)

at risk of hospital admission, these were located on the patient record system, and not held or signed by the patients themselves. We looked at the records of three patient that had been identified by the lead GP as needing a care plan. Records showed that information agreed with other health and social care services via telephone or fax had been recorded on the patients' medical records. However, as care plans were not held by patients and their carers hospital admission could be more likely as agreed plans could not seen by community, out of hours or emergency services when making decisions about admittance to secondary care (hospital). We asked the lead GP why this was the case. They told us they were not aware of the care planning tool and that these plans should be signed and held by the patient in conjunction with health and social care professionals working to support them.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent had been monitored through a record audit to ensure it met the practices responsibilities within legislation and followed relevant national guidance. However, it was not clear how this consent was going to be monitored following this initial audit to ensure learning had been implemented.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant services.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84.8%, which was comparable to the CCG average of 81.3% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.4% to 90.7% and five year olds from 81.4% to 95.3%.

Patients had access to health checks for new patients. Staff had recently received training on how to undertake NHS health checks for people aged 40–74. The practice manager informed us that these would be commencing in January 2016. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

We received 46 patient CQC comment cards on the day of our visit. Thirty four patients were very positive about the service experienced. However, 10 patients identified some concerns in regard to waiting a week for routine appointments, though they were able see a GP should they call up on the day. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with patients on the day of inspection and they felt the staff were helpful, caring and treated them with dignity and respect. Two of the patients said it was not possible to book same day emergency appointments. However, we asked reception staff to check if there were emergency appointments available that day and they showed us four available emergency appointments. All non-clinical staff were able to explain the process for booking emergency appointments and confirmed that if all appointments were booked a GP would phone patients to triage the emergency appointment requests. The practice manager told us they are working with the patient participation group on improving patient education in regard to how the appointment system worked.

We also spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored positively for patient satisfaction on consultations with doctors and nurses but these were still below the CCG and national averages. For example:

- 82% said the GP was good at listening to them (CCG average of 85%, national average of 89%).
- 76% said the GP gave them enough time (CCG average 82%, national average 87%).
- 86% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 75% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 90% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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

- 78% said the last GP they saw was good at explaining tests and treatments (CCG average of 82%, national average of 86%).
- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average of 77%, national average 81%).

Staff told us that interpreting and 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.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. However, carers were not actively being identified by the practice. Less than 0.2% of the practice list had been identified as carers. A member of the non-clinical team had been trained as a carers champion to identify and support carers. Written information was available to direct carers to the various avenues of support available to them and clinicians were able to signpost carers to local Enfield services.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Good

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; there was limited engagement with the NHS England Area Team but the practice engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 7.30pm and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and mental health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice provided an online appointment facility and online prescription ordering service.
- There were disabled facilities, hearing loop and translation services available.
- The practice was located within a primary care health centre with access to phlebotomy, and podiatry services amongst others available.

Access to the service

The practice reception is open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries are offered on a Tuesday evening from 6.30pm to 7.30pm and Wednesday evening from 6.30pm to 8.30pm. Appointments were from 9.30am to 12pm each weekday morning. Afternoon sessions were 3.30pm to 6.30pm Monday, Thursday and Friday and 4pm to 7.30pm on Tuesdays and 3.30pm to 8.30pm on Wednesdays. 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 on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us they were able to get appointments when they needed them.

- 77.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.3% and national average of 74.9%.
- 75.3% patients said they could get through easily to the surgery by phone (CCG average 67.2%, national average 73.3%).
- 64.1% patients described their experience of making an appointment as good (CCG average 69.8%, national average 73.3%.

However, 39.8% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 55.5% and national average 65%. Practice leads told us that since this survey was undertaken in July 2015 changes had been made to the practice telephone system to improve access and that waiting times and consultation times were discussed with clinicians to improve satisfaction scores (although these discussions were informal).

Listening and learning from concerns and complaints

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

- The practice had a complaints policy and procedure 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. For example a poster, and complaints form and summary on the practice's website.

Are services well-led?

Requires improvement

(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 vision to deliver quality care and promote good outcomes for patients, but had no strategic direction for the practice. The practice did not have a strategic plan or set of business plans to support its overarching strategy. Although staff knew and understood the values in terms of quality of care they were not clear about the practice's future strategy to maintain or improve health outcomes for its patients.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of a strategy.

- Staff did not have comprehensive understanding of the performance of the practice. Although the practice participated in QOF it was not effectively recording the reporting codes within each patient record so that they could be accounted for in the outcomes calculations and therefore practice leads could not have a clear and accurate understanding of its overall performance. Consequently, we could not be assured that the practice had effective and robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, practice staff could not demonstrate how quality systems delivered safe and effective services in line with best practice as significant events were not all being identified and analysed.
- The practice had a clear staffing structure and all staff we spoke with understood their day to day roles and responsibilities.
- The practice had specific policies and these had been implemented, reviewed and were available to all staff.
- The practice had an on-going programme of clinical audits, however results were not followed up and changes was not systemic across clinical practice. This meant that audits were not fully embedded in the practice's performance management processes and were not being used alongside internal audit to improve health outcomes for patients. Although some clinical auditing had taken place; not all audits were two cycle and internal auditing of records is difficult as records were not easily identifiable.
- One of the locum GPs was responsible for governance; they were unclear what this role meant and had not taken action to review governance arrangements within the practice. The practice did not hold formal management meetings. It was not clear how previous learning around quality and risk was shared to improve patient care.

The practice's approach to service delivery and improvement was often reactive and focused on short term issues. Improvements were not always identified or action not always taken (for example regarding a clinical audit on consent). Clinical meetings were not minuted and so where changes were made, the impact on the quality of care was not fully understood or monitored.

Leadership, openness and transparency

Clinical leadership arrangements did not support the delivery of high-quality person-centred care.

Although the lead GP was clear about their role and accountability for quality, we could not be assured that they had the necessary capacity to lead effectively due to the individual burden being placed on them.

The lead GP in the practice was visible to all staff and staff found them to be approachable and commented that they always took the time to listen to all members of staff. However, staff we spoke with acknowledged that there was a need for more clinical management capacity. The lead GP told us they were seeking additional partners to join the practice to assist in driving forward governance arrangements and providing an increase to clinical hours which would improve and allow the staff team to focus on improving services for patients in future.

Non clinical staff told us that they had team meetings but they were not always minuted however we saw two sets of team meeting minutes. These minutes showed that the meetings were an effective means of sharing information and enabling the practice team to work together to respond to the needs of patients. However, minutes did not record future actions or follow up. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported; and involved in the day to day operation of the practice.

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

Are services well-led?

Requires improvement

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

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

- It had gathered feedback from patients through its virtual patient participation group (PPG) and through surveys and complaints received. The practice manager told us that regular consultation took place with the virtual group on patient surveys and proposals for practice improvements. For example, the PPG raised concerns about the practice telephone system which resulted in changes in how calls were prioritised making it easier for patients to access the practice.
- The practice had also gathered feedback from staff through staff events, informal meetings and appraisal.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in informal discussions about how to run and develop the practice, and the remaining GP partner, salaried GP and locum GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice despite the leadership capacity challenges. All staff were involved in informal discussions about how to run and develop the practice, and lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice despite the leadership capacity challenges.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person must ensure significant events are recorded appropriately and ensure systems are in place to disseminate learning from the discussion and analysis of significant events, with a clear audit trail of these actions and ensure all staff is aware of where to find the significant event recording form. Investigate safety incidents thoroughly and ensure that people affected receive reasonable support and a verbal and written apology. The registered provider must ensure that emergency medical equipment is appropriate and fit for proper for use to meet the needs of patients should an emergency arise. Emergency medical equipment should be available when needed. Regulation 12 (1)(2)(a)(b)(2)(f).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered person had not trained staff appropriately for the roles they were to carry out. In particular the registered provider must ensure that all clinical staff receive the appropriate level adult protection training and all staff identified as chaperones are appropriately trained. Regulation18 (2)(a)(b).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	The registered provider must ensure that systems and processes enable the provider to identify where quality and/or safety are being compromised and to respond appropriately without delay, The registered provider must ensure that information is properly analysed and reviewed by staff with the appropriate skills and when required results should be escalated and appropriate action taken. The registered provider must ensure that their audit and governance systems remain effective. The registered provider must ensure that all significant events are recorded and identified to the reduce the likelihood of risks occurring. Ensure that risks are continually monitored and appropriate action taken Regulation 17(2)(a)(b)(f).
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered provider must ensure that recruitment arrangements include all necessary employment checks for all staff. Regulation 19 (2)(a)(b)(3)(a)(b).