St Ann's Road Surgery

Quality Report

The Laurels Healthy Living Centre
256 St Ann's Road
Tottenham
London
N15 5AZ
Tel: 020 8438 7330
Website: www.haringeygp.co.uk

Date of inspection visit: 31 October 2017
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? - Good

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People - Good

People with long-term conditions - Good

Families, children and young people - Good

Working age people (including those recently retired and students - Good

People whose circumstances may make them vulnerable - Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at St Ann's Road Surgery on 31 October 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether St Ann's Road Surgery was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local and national healthcare providers to share best practice.
- The practice used information technology systems to monitor and improve the quality of care. The electronic dashboard used across the provider group was an effective tool for understanding the practice's comparative performance across a range of clinical indicators and had provided access to bespoke searches relevant to medicines management and effective care. This enabled the practice to readily identify when follow up tests and screening were due in the management of patients with long term conditions.
- The practice had used innovative and proactive methods to assure effective communication across the organisation. For example, the practice had initiated an online networking tool to share learning, information, ideas including social events and peer support. The provider was using this online tool to monitor the performance and utilising the resources, such as, managing the winter pressure or when the demand increased for appointments. The provider had sent the weekly and monthly staff bulletins. This provided them with any information about the practice including clinical updates, staffing matters, training opportunities and any changes within the practice group. An interactive on-line messaging system, 'message my GP' was available for patients to direct non-urgent queries to a GP with a response turnaround of up to 48 hours.
- Staff had access to a learning and development portfolio featuring face-to-face and web-based training programs tailored for each staff role. For example, fortnightly web-based training for healthcare assistants; development support for practice nurses; a development programme for practice managers and pharmacists and a fortnightly consultant led learning program for clinicians.

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

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

St Ann's Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and a practice nurse specialist adviser.

Background to St Ann's Road Surgery

- St Ann's Road Surgery is a GP practice located in Tottenham in North London and is part of the Haringey Clinical Commissioning Group. The practice is located in purpose-built premises within a community health centre site. A number of community health services are offered at the health centre by the different providers. The practice is fully accessible.
- Services are provided from: St Ann's Road Surgery, The Laurels Healthy Living Centre, 256 St Ann's Road, Tottenham, London, N15 5AZ.
- Online services can be accessed from the practice website: www.haringeygp.co.uk.
- St Ann's Road Surgery is managed by the provider organisation AT Medics Limited. The company took over the contract to provide NHS primary care services at St Ann's Road Surgery on 1 August 2017. Prior to this date, primary scare services at this location were provided by two separate GP Practices, Chestnuts Park Surgery and The Laurels Medical Practice. AT Medics were awarded a caretaker contract for Chestnuts Park Surgery in April 2016 and were awarded a caretaker contract for The Laurels Medical Practice in November 2016. Prior to these caretaker arrangements being put in place, both originating practices had been through periods of instability. The Laurels Medical practice had previously been managed under a caretaking arrangement by a different provider but this arrangement had been terminated. AT Medics Limited is run by six GP directors who are all practicing GPs. The company manages 37 GP practices across London.
- The practice offers 80 appointments per 1000 registered patients per week.
- The practice provides primary medical services to approximately 12,800 patients through an alternative provider medical services (APMS) contract. (APMS is a locally negotiated contract open to both NHS practices and voluntary sector or private providers).

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely. On the day of inspection we saw there was a system in place to monitor the use of blank prescription forms for use in printers. There was a system in place to ensure medicines stored in doctor's bags were checked regularly.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice benefited from a corporate business intelligence tool which enabled staff to easily run searches on the patient records system including reports relevant to medicines management such as

antibiotic prescribing and patients prescribed higher risk medicines. This reporting tool enabled staff to identify individual patients at potential risk for further follow up and review.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice employed three clinical pharmacists, two of whom were independent prescribers. The pharmacist's responsibilities included carrying out a programme of medicines reviews, liaising with the local CCG prescribing team, medicines optimisation and telephone triage. Pharmacists employed at the practice were supervised by GPs and we saw evidence of regular supervision meetings.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice had a process in place to share learning from significant events with other practices managed by the same organisation. The regional management structure in place also meant that the practice was able to access learning from other practices so that improvements could be made before potential problems arose.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we reviewed records relating to an occasion when there had been a significant delay in providing a patient with a prescription for antibiotic medicine. The practice had used this incident to review how staff managed urgent prescription requests when electronic prescribing was not available. This had identified that there was no failsafe process in place to ensure that urgent prescriptions were faxed to pharmacists when electronic prescribing was not available. As a result of this, the practice had changed the prescribing protocol to ensure that a GP retained oversight of these prescriptions until a pharmacy had confirmed receipt. The practice had also introduced a colour coded filing tray for urgent prescriptions and staff were aware that prescriptions in this tray had to be actioned on the same day.
- The practice carried out a thorough analysis of the significant events and shared learning across the practice and regionally with other practices in the provider group. The provider monitored trends in significant events across all practices in the group and evaluated any action taken.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw evidence that the practice carried out audits of the practice population to check whether patients were affected by safety alerts. For instance, following a recent safety alert about risks associated with a medicine used to treat epilepsy, we saw that the practice had identified seven patients potentially affected and noted that appropriate actions had been taken for each of these.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had undertaken an audit of the patient population to identify patients at who were at risk of developing diabetes. As a result of this audit, 200 patients had been invited to make appointments for further review and to receive advice about diet and exercise.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Performance for diabetes related indicators for the two originating practice was better than the CCG and national average. Chestnuts Park Surgery had achieved 99.3% of the total number of points available, whilst the other founding practice, The Laurels Medical Practice, had achieved 96.8% of the total number of points available. The practice had the practice had ensured that staff received appropriate role-specific training, for example, for nurses reviewing patients with long term conditions.
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Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for some of the vaccines given by the two founding practices had been below the target percentage of 90%. The practice had reviewed the system used to recall patients for child immunisation and had taken steps to increase the uptake rate. This had involved developing a protocol to audit the patient computer system weekly using an algorithm to identify children whose vaccinations were about to fall due. These families were contacted by administration staff contacting and invited to make appointments. People who failed to attend vaccination appointments were also contacted and encouraged to attend. We saw unvalidated information which showed that uptake rates for the current year had increased significantly as a result.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Working age people (including those recently retired and students):

- The uptake for cervical screening for the two originating practices was 80% for The Chestnut Park Surgery and 79% for the Laurels Medical Practice. These were in line with the 81% coverage target for the national screening programme. There were failsafe systems 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. The practice had also ensured that staff had access to information about the cervical screening programme in locally prevalent community languages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those 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.

People experiencing poor mental health (including people with dementia):

- Data from 2016-17 showed, performance for both of the originating practices for dementia face to face reviews was in line with the CCG average and national average. Both practices had achieved 100% of the total number of points available, compared to 85% locally and 84% nationally. The practice was aware that exception reporting for patients diagnosed with dementia had been higher than average for both of the originating practices and had initiated GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Performance for mental health related indicators for both originating practices was comparable to the national average. For example, at The Laurels Medical Practice, 99% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, whilst for Chestnuts Park Surgery, this was 100%. This compared positively to the CCG and national average of 91%, and national average of 89%. The exception reporting rate for this indicator was in line with CCG and national averages for both practices.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. Both originating practices could demonstrate that patients experiencing poor mental health had had discussions and received advice about alcohol consumption.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

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. However, as the practice had been registered for less than one year, validated performance data which related specifically to this practice was not available. As part of this inspection, we reviewed performance data for the two founding practices and found that both were performing in line with local and national averages for all clinical indicators prior to merging into a single practice. For instance, data from 2016/2017 showed that one of the founding practices, Chestnuts Park Surgery had achieved 99.9% of the total number of points available, whilst the other founding practice, The Laurels Medical Practice, had achieved 99.9% of the total number of points available. Both were above the clinical commissioning group (CCG) and national averages which were 95%. Overall exception reporting rates for both practices were also in line with local and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- Performance for mental health related indicators was better than the CCG and national average. Both originating practices had achieved 100% of the total number of points available, compared to 94% locally and 94% nationally.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice had been registered for less than one year and was able to show evidence of a detailed study of disease prevalence and management of long term conditions at the practice. This had identified

Good

Are services effective?

(for example, treatment is effective)

approximately 200 patients whose records indicated that they have an undiagnosed diabetic condition or may be pre-diabetic and could benefit from advice to help avoid developing the disease.

- The practice had completed one full clinical audit since starting to provide services. This was an audit to identify the effectiveness of using statins to prevent cardiovascular disease and we saw that improvements made were implemented and monitored.
- The practice used information about care and treatment to make improvements. For example, the provider had developed a performance dashboard monitoring a range of clinical indicators associated with the effective management of longer term conditions. For example, the dashboard tracked practice progress on completing nine evidence-based checks (including blood sugar, blood pressure and foot checks) for patients diagnosed with diabetes. This system flagged patients with missing checks for follow-up and review and also enabled the practice to see how it was doing compared to other practices in the provider group. The percentage of diabetic patients with well controlled blood sugar levels (that is, their most recent IFCC-HbA1c was 59 mmol/mol or less) was 78% for patients previously registered at Chestnuts Park Surgery and 74% for patients previously registered at The Laurels Medical practice. The national average for this indicator was 72%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Staff had access to a learning and development portfolio featuring face-to-face and web-based training programs tailored for each staff role. For example, fortnightly web-based training for healthcare assistants; development support for practice nurses; a development programme for practice managers and pharmacists and a fortnightly consultant led learning program for clinicians. We saw that these web-based resources included video presentations around topics including, how to undertaken effective reviews with mental health patients, new developments in palliative care and information about atrial fibrillation. These were available in an online library which mean that staff were able to access them at any time.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice was aware that both originating practices at the location had a track record of high attendance at accident and emergency (A&E) and had undertaken a review to identify the underlying reasons. This had found that historical difficulties accessing appointments at both practices as well as a lack of a permanent clinical lead at one of the practices meant that some patients chose to access primary care at the local A&E department instead of their GP practice. As well as increasing the number of telephone appointments available, the practice had provided the local A&E

Good

Are services effective?

(for example, treatment is effective)

department with a direct dial telephone number and had invited the hospital to contact the practice when patients accessed emergency care for matters which might have been more appropriately managed by a GP. The practice had also installed a notice board which was dedicated to providing information which could reduce the number of presentations to A&E. For instance, by providing details of alternative sources of care for minor ailments.

- The practice had introduced a new document handling system to streamline the workflow which reduced the quantity of written information directed to doctors daily so they could focus for example on clinical letters requiring action or reconciliation of medicines. The clinical staff told us this had greatly reduced the time they spent on unnecessary paperwork and this mean that more time was available to spend with patients.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- A number of community health services were available within the health centre site where the practice was located.
- The practice had hosted two health & wellness open days for members of the public in between September 2017 and October 2017. The practice used this event to gather feedback whilst also promoting the range of services provided by the practice. The event was attended by a wide range of local healthcare providers offering information and advice on accessible services aimed at improving the health and well-being of different groups of patients.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards and although the majority included comments which were positive, seven of these also referred to difficulties getting appointments within a reasonable time. We also spoke with three patients who told us that they had experienced difficulties accessing appointments in the past, although they also said that this appeared to have improved in recent months. Positive comments included references to staff as being helpful, caring and respectful.

The practice had only been providing services since August 2017 which meant that although the practice had undertaken internal satisfaction survey, there was no validated patient satisfaction data available. Results from the July 2017 annual national GP patient survey for both of the originating practices showed patients felt they were treated with compassion, dignity and respect. However this also showed that patients were less satisfied with how they were able to access care. The practice had recently undertaken an internal patient survey using the same questions asked during the national GP patient survey but this had not yet been fully analysed. However, the overall trend indicated that patients were not satisfied with telephone access to the service. The practice had already responded to this by putting a new telephone management system in place. This offered a range of new facilities for patients, for instance, a numbered queueing system and the option to request a call back. We saw that the new system also included a large television screen which was used to provide a visual display of telephone traffic metrics, for instance, how many calls were currently on hold and how long it took to answer every call. However, this system was still very new at the time of our inspection and not all of the functions had been used yet.

The practice had developed an action plan in response to the national GP patient survey results for both practices. Actions which had been implemented included an increase in the number of appointments available to patients. This involved undertaking a daily workload analysis in coordination with other practices owned by the same provider. This was managed by a manager with regional oversight who was able to direct clinical resources according to demand, for instance, by opening extra GP telephone appointments with GPs who were based at a different practice, including the directors of the organisation who managed the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- The practice list included a significant number of Turkish speaking patients and the practice had arranged for a Turkish speaking counsellor to hold a weekly clinic at the location.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice had hosted an open day earlier in the year which included representatives from a carer's

organisation to raise awareness. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 398 patients as carers (3% of the practice list).

- Carers were invited to receive annual flu vaccination, offered health checks and given priority access to appointments. Written information was available to direct carers to the various avenues of support available to them, for example respite breaks for patients with learning disability.
- Staff told us that if families had experienced 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. The practice had a system in place to send a message to all practice staff advising of recent bereavements so that staff could support affected patients with sensitivity.
- One of the Healthcare Assistants employed at the practice had been appointed as a 'Carer's Champion' and we saw that they were developing a carers pack to provide patients with information about resources that were available at the practice as well as local and national support organisations for carers.
- The practice had arranged for carer's organisations to attend a recent open day and we were told that this had been very popular with patients.

Results from the national GP patient survey showed patients at both practices generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, there had been issues with continuity of care at both practices prior to the caretaker arrangements. For instance, in the time leading up to the caretaker arrangement, Chestnuts Park Surgery did not have a permanent clinical lead, whilst The Laurels Medical Practice had two different managing organisations in less than two years.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- 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.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility.
- The practice had installed a multilingual touch screen check-in facility to reduce the queue at the reception desk. The practice website included a translation facility.
- The practice installed an automatic floor mounted blood pressure monitor in the premises for patients to use independently.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice sent text message reminders of appointments and test results.
- The practice had held two open days shortly after commencing the provision of services at the location. The practice had invited guest exhibitors including Diabetes UK and Haringey Healthwatch to provide stalls at the event.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals.
- The practice used a risk stratification tool to identify people at risk unplanned hospital admission and had put care plans in place for these patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Nursing staff and pharmacists employed by the practice had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- An anti-coagulation clinic was offered onsite, resulting in patients who required this service not having to travel to local hospitals. (**An anticoagulant is a medicine that stops blood from** clotting).
- Patients were monitored through an internal dashboard, with weekly targets to check achieved number of patient recalls and target blood test results.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to

Good

Are services responsive to people's needs?

(for example, to feedback?)

ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended hours on a Saturday morning from 9am to 1pm for working patients who could not attend during normal opening hours.

- In addition, the patients at the practice were offered extended hours appointments through a locality hub Monday to Friday from 6pm to 9pm, Saturday and Sunday from 8am to 8pm at the practice premises. This extended hours service was funded by the local CCG.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours. For example, an interactive on-line messaging system, 'message my GP' was available for patients to direct non-urgent queries to a GP with a response turnaround of up to 48 hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had engaged with a local organisation who provided support for people with alcohol dependency issues and had put a process in place to refer patients to the organisation when this was helpful. The practice was pro-active and flexible in accommodating their medical appointments and visits by taking into consideration their past history and medical needs.
- Patients who were homeless could register using the practice address and practice staff had been trained to routinely check for updated contact details to ensure that the most up to date telephone number was available to the practice at all times. Staff had also been trained to ask whether telephone numbers were shared with other people in order to support patient confidentiality. The practice also provided letters for homeless patients to support them with accessing housing.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with mental health conditions visiting the practice were encouraged to see the doctor and would be accommodated on the same day where possible. This meant that GPs were able to undertake opportunistic health and medicine reviews.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. However, some patients we spoke with raised concerns that patients had experienced long delays in the waiting area and this aligned with statements we saw in seven of the fifteen patient comment cards we received. The practice informed us they had introduced catch up breaks between appointment slots for GPs and had increased the amount of clinical resource available to the practice by continuously measuring demand across the wider organisation and increasing the use of remote working by GPs and other clinical staff to provide support when this was needed.
- The practice employed two Physician Associates and three pharmacists to support GPs in delivering care to patients and staff understood the clinical competencies of these clinicians and had received training in how to explain this to patients. For instance, we saw training material which had been developed to support staff directing patients with mental health conditions to appointments with clinicians other than GPs. This meant that reception staff were able to offer appointments with these clinical staff when this was appropriate, for instance for recording details of medical history or carrying out annual health reviews. Physician Associates were supervised by GPs and were not permitted to prescribe medicines.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use and pre-bookable appointments could be booked up to eight weeks in advance.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We checked the online appointment records of two GPs and noted that the next pre-bookable appointments with named GPs were available within three to four weeks and with any GP within one week. We noted that the next pre-bookable telephone consultation appointment with any GP was available within 24 hours. Urgent appointments with GPs or nurses were available the same day.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last six months. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice informed us they had organised a customer service skills training to improve staff skills.

Are services well-led?

Good

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

Our findings

We rated the practice, and all of the population groups, as Good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- The provider had a clear vision to deliver world class, accessible primary care for patients, to innovate and invest in staff. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems 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).
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

Good

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- A comprehensive understanding of the performance of the practice was maintained through a variety of mechanisms including the electronic 'dashboard' system, a monthly and a weekly bulletins and regular meetings. Performance information was shared with the central governance team and directors and with other practices in the provider group.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had initiated an online networking tool to communicate quickly and urgently with all staff members in relevant groups. This networking platform was used to share information, peer support and monitor the resources.
- There was an active patient participation group. We met a representative of the PPG who told us the practice was responsive to ideas and feedback from patients and had made significant changes to the practice website to promote better access.
- The practice had carried out an internal patient survey in July 2017.
- The service was transparent, collaborative and open with stakeholders about performance.
- Guidelines were discussed in clinical meetings; the weekly and monthly staff bulletins and at learning sessions organised by the provider. This provided staff any information about the practice including clinical updates, staffing matters, training opportunities policy updates and any changes within the practice group.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice demonstrated some innovative processes that had been developed and implemented by the provider organisation for operational use at practice level. For example, a streamlined document handling system had been implemented to eliminate duplication and reduce the volume of correspondence that GPs dealt with. The practice estimated this had successfully reduced the amount of time that the GPs spent on unnecessary paperwork by an hour per day. The process was operated by a trained administrative staff member with regular oversight by one of the GPs and the process was routinely audited.

Are services well-led?

Good

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

- The electronic dashboard used across the provider group was a powerful tool for understanding the practice's comparative performance across a range of clinical indicators and had helped drive local improvement, for example in managing an increase in the uptake rate for flu vaccination. We were told that the provider was considering ways to make this software more widely available to the NHS.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider promoted staff learning and career development with a range of formal and informal learning opportunities. Staff had access to a development portfolio featuring training programs tailored for each staff role. For example, fortnightly web-based training for healthcare assistants; development support for practice nurses; a development programme for practice managers and a fortnightly consultant led learning program for clinicians.