

Eagle House Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Eagle House Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eagle House Surgery on 23 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system was in place for reporting, recording and learning from significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We found one area of outstanding practice:

One of the partners at the practice developed a suspected cancer referral form based on NICE guidance. GPs in all CCGs in the London area are advised to use these forms when referring patients with a suspected cancer. The form is available on four clinical systems and on the NHS Healthy London Partnership website.

The areas where the provider should make improvement are:

Summary of findings

- To review the system for uncollected prescriptions ensuring oversight by a clinician.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.
- To review the systems in place for managing long term conditions with a view to improving outcomes for patients with hypertension.
- Review and improve patient satisfaction scores in relation to access to the service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe (with the exception of the uncollected prescription process) and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were in line with the average for the locality and compared to the national average with a few exceptions where performance against indicators was below average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care. We saw evidence that the practice was actively seeking further patient feedback to improve these scores.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.
- Longer appointments were available when needed.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed. GPs carried out home visits if patients with long term conditions were too unwell to attend surgery for reviews.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a 'one stop' diabetes clinic to provide all care processes in one visit, prioritise high risk patients and ensure longer appointment times for complex patients.
- Outcomes for patients with hypertension were below the national average against some indicators. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 75% compared to the CCG average of 81% and the national average of 84%.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 Royal College of Physician questions was 74% compared to a CCG average of 76% and a national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% in line with the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Although the practice was open outside of normal working hours, there were no extended hours appointments available before 8.30am or after 6.30pm.
- The practice carried out NHS health checks for patients aged 40–74.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. A total of 286 survey forms were distributed and 101 were returned. This represented less than 1% of the practice's patient list.

- 32% found it easy to get through to this surgery by phone compared to the CCG average of 67% and the national average of 73%.
- 66% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and the national average of 76%.
- 87% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 81% and the national average of 85%.
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 79%.

In an effort to improve access to the surgery by phone the practice implemented a new telephone system which directs patient calls to the appropriate option and

informs patients which number they are in the queue. The practice also release appointments that can be booked two weeks in advance via the online booking system.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. The main theme identified in the comment cards was patients describing their care and treatment at the practice as a positive experience. Along with the positive comments, 17 comments cards noted it can be difficult to book routine appointments.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All six patients told us it was difficult to book a routine appointment.

Following the inspection the practice shared with us their new appointment system based on the Doctor First model which allows all patients requesting same day routine appointments the opportunity to speak directly with a GP. The GP will triage the call on the same day and either offer the patient an appointment that day or provide advice on the presenting problem. The practice also provided evidence that they are working with the PPG to implement the new appointment system and evaluate patient satisfaction around the new system.

Areas for improvement

Action the service **SHOULD** take to improve

- To review the system for uncollected prescriptions ensuring oversight by a clinician.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.
- To review the systems in place for managing long term conditions with a view to improving outcomes for patients with hypertension.
- Review and improve patient satisfaction scores in relation to access to the service.

Summary of findings

Outstanding practice

One of the partners at the practice developed a suspected cancer referral form based on NICE guidance.

GPs in all CCGs in the London area are advised to use these forms when referring patients with a suspected cancer. The form is available on four clinical systems and on the NHS Healthy London Partnership website.

Eagle House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector, the team included a GP specialist adviser and a second CQC Inspector.

Background to Eagle House Surgery

Eagle House Surgery is a teaching practice located in Enfield, North London within the NHS Enfield Clinical Commissioning Group. The practice holds a Personal Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood vaccination and immunisation, extended hours, dementia support, influenza and pneumococcal immunisations, learning disabilities, minor surgery, risk profiling and case management, rotavirus and shingles immunisation and unplanned admissions.

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

The practice had a patient list size of 13,567 at the time of our inspection.

The staff team at the practice included six GP partners (two female and four male), three salaried GPs (two female and

one male), two GP registrar (females), one practice manager and four practice nurses (females). The practice had 20 administrative staff. There are a total of 54 GP sessions and 35 nurse sessions available per week.

The practices opening hours are:

- Monday and Tuesday 8.00am to 7.30pm
- Wednesday and Thursday 8.00am to 7.00pm
- Friday 8.00am to 7.00pm

Appointments are available at the following times:

- Monday, Tuesday, Wednesday and Thursday 8.30am to 6.30pm
- Friday 8.00am to 6.20pm

Outside of these times cover is provided by an out of hours provider.

To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments. Urgent appointments are available daily and GPs also complete telephone consultations for patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This practice was inspected under the old methodology in January 2014 when we found issues with infection control. We carried out a further inspection in May 2014 and found the required improvements had been made.

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

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 June 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient phoned requesting an urgent appointment and was told by a receptionist there were no appointments available that day, without seeking clinical advice from a GP at the practice. The patient was seen at another health service later that day and diagnosed with a serious medical condition.. The practice took immediate action and put training in place for the member of staff that took the call. We saw evidence that learning from the significant event was shared with staff and that the message was reinforced with staff that the decision about whether patient requires an urgent appointment must be made by a clinician.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and 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 and all had received training relevant to their role. GPs and nurses were trained to child safeguarding level 3, administration staff were trained to child safeguarding level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP partner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe with the exception of uncollected prescriptions (including obtaining, prescribing, recording, handling, storing and security). On the day of our inspection we checked the system for prescription medicines and found that uncollected prescriptions are not reviewed. Any prescriptions that are not collected are held for six months and then discarded; the prescriptions are not reviewed by a clinician before being discarded. 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. 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. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber had assessed the patient on an individual basis).

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available, with 3.6% 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 an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- 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 72% (5% exception report rate) compared to the CCG average of 76% national average of 78%. This was comparable to other practices in the area. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87% (2.4% exception report rate) compared to the CCG and national average of 86%.
- Performance for hypertension related indicators was below the national average. For example, 75%

(exception report rate of 2.4%) of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less compared to a national average of 81%.

- Performance for mental health related indicators was similar the national average. For example, 90% (exception report rate of 5%) of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with the CCG and national average of 88%.
- Performance for dementia related indicators were below the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 81% (exception report rate 6%) compared with the CCG and national average of 84%. This was comparable to other practices in the area.

On the day of inspection we saw evidence that the practice is improving performance for indicators relating to diabetes and hypertension although they were still under the national average.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audit s completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, an audit was conducted in April 2015 to ensure standards were maintained for the fitting of long acting contraception. The aim of the audit was to ensure that clinicians fitting the contraception devices were in line with the Faculty of Sexual and Reproductive Healthcare (the standard-setting organisation for family planning and sexual health physicians in the United Kingdom). The audit identified that standards were met and maintained, 100% of patients signed consent forms for the procedure and any recorded complications were not due to improper fitting of the device. The second audit in March 2016 supported the findings of the first audit in April 2015.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example, we saw evidence of recent urgent records request from social services relating to children on the child protection register. The practice responded on the same day providing the requested information. The practice also provided evidence to show that special notes were shared with the out of hours provider and the London Ambulance Service for vulnerable patients to ensure continuity of care outside of the practice opening hours.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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 service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 6% to 84% and five year olds from 60% to 84%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced, however there were 17 comments relating to difficulty in booking routine appointments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The practice provided evidence that additional appointments were offered for a period of three months to improve patient satisfaction. When receptionists informed the patients of additional appointments the majority of patients requested their named GP, we saw evidence that the additional appointments were underutilised.

We spoke with a 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average in most areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 92% said the GP gave them enough time the CCG average of 82% and the national average of 87%.

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern Compared to the CCG average of 85% and the national average of 90%.
- 87% said they found the receptionists at the practice helpful compared the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Leaflets 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. The practice had identified 26 of on patients the practice list as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice did not offer a 'Commuter's Clinic' for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients could book appointments and request prescriptions online. The practice participated in the Electronic Prescription Service (EPS); patients could nominate a pharmacy of their choosing to receive their prescriptions.

Access to the service

The practice was open between 8.00am to 7.30pm Monday and Tuesday; 8.00am to 7.00pm on Fridays. Appointments were from 8.30am to 6.30pm Monday to Thursday and 8.00am to 6.20pm on Fridays. Extended surgery hours were not offered. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the national averages in some areas, for example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 42% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 32% and the national average 36%.

However satisfaction with contacting the practice by phone was below average:

- 32% patients said they could get through easily to the surgery by phone compared to a national average 67%.

In an effort to improve access to the surgery by phone the practice implemented a new telephone system which directed patient calls to the appropriate option and informed patients which number they are in the queue.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information on how to complain was contained in the practice leaflet on the reception desk along with the complaint policy. Information for patients on how to complain was also available on the practice website.

We looked at 11 complaints received in the last 12 months and found that the complaints had been acknowledged in a timely way and dealt with openly and transparently. The practice handled all complaints both verbal and written. Complaints were discussed at regular meetings and agreed actions following any investigation were recorded. , Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We noted that comments or suggestions made via NHS choices were acknowledged by the practice manager.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The vision was shared with staff and there was a strong ethos of teamwork across the practice at all levels to achieve it.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. These included both clinical and non-clinical staff. Staff told us it was an opportunity to share information and drive improvement in the quality of care patients receive at the practice. Staff told us that where external meetings had taken place such as multidisciplinary discussions information that was useful was shared via staff memo in order to keep all staff involved in decisions that had been made or changes within the local CCG.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or on a daily basis and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient

Are services well-led?

Good 

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

surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested a line on the floor in the reception area for patients to wait behind to allow privacy at the reception desk. The idea was that patients could speak to the receptionists' one at a time without other patients standing directly behind them and overhearing the conversation. The practice put orange tape on the floor indicating where patients should wait; positive feedback had been received from patients about the new procedure.

- The practice had gathered feedback from staff through staff generally through staff meetings, appraisals, one to one meetings and ongoing discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice is a teaching practice and are training and developing their workforce to provide a better service to their patients. For example, one of the partners at the practice developed a suspected cancer referral form based on NICE guidance. GPs in all CCGs in the London area are advised to use these forms when referring patients with a suspected cancer. The form is available on four clinical systems and on the NHS Healthy London Partnership website.