

Bush Hill Park Trinity 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?	Requires improvement	
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	6

Detailed findings from this inspection

Our inspection team	7
Background to Bush Hill Park Trinity Surgery	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9
Action we have told the provider to take	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bush Hill Park Trinity Surgery on 17 February 2016. The overall rating for the practice was Requires Improvement. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Bush Hill Park Trinity Surgery on our website at www.cqc.org.uk.

At our previous inspection in February 2016, we rated the practice as Requires Improvement for providing safe, effective and well-led services. At this time included amongst the issues we identified, was the practice could not provide sufficient evidence that regular clinical audits were being conducted, a programme of regular in-house infection control audits had not been established and the practice did not have oxygen at its premises.

This inspection was an announced focused inspection carried out on 8 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 February 2016. This report covers our findings in relation to those requirements and also additional improvements made

since our last inspection. At this inspection, we found that the practice had made improvements to provide safe, effective and well-led services. As a result of these findings, the practice is now rated as Good for providing safe and well-led services, and requires improvement for effective.

The change in the ratings for safe and well-led, means that the practice is now rated as Good overall.

Our key findings were as follows:

- The practice had devised a written Business Continuity Plan and had reviewed and updated practice guidance and procedures within the last 12 months.
- The practice had access to oxygen, which could be used in the event of a medical emergency at the practice.
- A programme of clinical audits and re-audits had been introduced at the practice to monitor and improve patient outcomes.
- We saw evidence that on the day of inspection all but one member of staff had received a performance review in the last 12 months. Subsequent to the inspection, we received confirmation that the remaining member of staff had received an appraisal.

Summary of findings

- The practice conducted regular fire drills. All staff members had been trained in what to do in the event of a fire.
- We saw evidence that electrical equipment at the practice had been Portable Appliance Tested (PAT) during the past 12 months.
- Staff were informed of the strategy and vision of the practice devised by the GP Partners

The areas where the practice must make improvements are:-

- Ensure that a clear record of patient health concerns, diagnosis and treatment following consultation are included on patient's notes/treatment plan.

The areas where the practice should make improvements are:-

- Continue to review arrangements to enable patients access to a female GP

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as Good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice conducted in-house infection control audits.
- The practice had acquired oxygen to be used in the event of a medical emergency.

Good



Are services effective?

The practice is rated as Requires Improvement for providing effective services.

- Data showed some patient outcomes were low compared to the locality and nationally. Quality Outcomes Framework (QOF) data recorded the practice as scoring below the national average on three out of five diabetes indicators.
- There was some evidence that audit was driving improvement in performance to improve patient outcomes. For example, the practice had undertaken an audit to ensure that patients on anti-coagulant medicines were being monitored in accordance with national guidelines.
- The practice was able to evidence that clinical audits had been undertaken during the past 12 months.
- Data from the Quality Outcomes Framework (QOF) showed that the practice achieved scores between 6% and 20% below the national average for children under the age of 2 receiving their required immunisations.
- Of the sample of clinical records we viewed, not all consultation notes were written with a clear explanation of the reason why the patient had attended the practice and the diagnosis and treatment given by the clinician.

Requires improvement



Summary of findings

- On the day of inspection, there was evidence of yearly appraisals and personal development plans for all but one member of staff.

Are services well-led?

The practice is rated as Good for well-led.

- The practice had a documented business strategy for the practice, which all staff were aware of.
- The practice had recently conducted a review and update of their policies and procedures.
- 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.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated good for the care of older people. As the practice was rated as good overall, this affected the rating of the population groups we inspect against.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. As the practice was rated as good overall, this affected the rating of the population groups we inspect against.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. As the practice was rated as good overall, this affected the rating of the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working age people (including those recently retired and students). As the practice was rated as good overall, this affected the rating of the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. As the practice was rated as good overall, this affected the rating of the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). As the practice was rated as good overall, this affected the rating of the population groups we inspect against.

Good



Bush Hill Park Trinity Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Background to Bush Hill Park Trinity Surgery

Bush Hill Park Trinity Surgery, operates from 22-24 Trinity Avenue, 193 High Street,, EN3 4DZ. The practice is located in privately owned premises on a main road in a residential area of North London.

There are approximately 2630 patients registered at the practice. Statistics show moderate income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for persons aged between 40 and 59. Patients registered at the practice come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean. Fifty-seven percent of patients have a long-standing health condition compared to the CCG average of 50%.

Care and treatment is delivered by two GPs (both male) who provide nine clinical sessions weekly. There is one practice nurse (female) who provides two sessions weekly. Five administrative and reception staff work at the practice, and are led by a practice manager.

The practice reception opening times are:-

- 8am - 7pm (Monday, Tuesday, Wednesday, Friday)
- 8am - 12pm (Thursday)

Clinical sessions are as follows:-

- 8:30am - 12pm (Monday - Friday)
- 5pm – 6:30pm (Monday, Tuesday, Wednesday, Friday)

The practice offers extended hours surgery on Monday, Tuesday and Wednesday evenings, between the hours of 6:30pm and 7pm. In addition, the practice holds telephone and Skype consultations between 12pm and 12:30pm daily. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England. The practice is registered to provide the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Family Planning
- Maternity and Midwifery Services

NHS Enfield Clinical Commissioning Group (CCG) is the practice's commissioning body.

Why we carried out this inspection

We undertook a comprehensive inspection of Bush Hill Park Trinity Surgery on 17th February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice overall was rated as Requires Improvement, including requiring improvement for the provision of safe and effective services, and for the

Detailed findings

delivery of well-led services. The practice was rated good for the provision of caring and responsive services. The full comprehensive report following the inspection on 17 February 2016 can be found by selecting the 'all reports' link for Bush Hill Park Trinity Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Bush Hill Park Trinity Surgery on 8 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff (one doctor, one practice manager and one member of the reception team).

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

At our previous inspection on 17 February 2016, we rated the practice as Requires Improvement for providing safe services as the arrangements in respect of conducting in-house annual infection control audits, the lack of a recent Portable Appliance Testing (PAT) certificate and lack of oxygen available on site were not adequate.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 8 May 2017. The practice is now rated as Good for providing safe services.

Overview of safety systems and processes

The practice had 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 partners attended safeguarding meetings when possible. Staff demonstrated they understood their responsibilities and all had received training to safeguarding level one. The practice nurse had been trained to level 2, whilst the GP partners were trained to safeguarding level 3.
- A notice by the reception desk advised patients that chaperones were available if required. All staff who acted as chaperones had received in-house training 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 cleaning schedule was in place and cleaning was conducted in-house. One of the GP partners was the infection control clinical lead and they worked alongside the practice manager to ensure the

practice attained the appropriate infection control standards. We saw evidence that the most recent in-house infection control audit had been undertaken in December 2016.

- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out medicines audits 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 (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a set of written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and we saw evidence of regular fire drills, the latest having been conducted in April 2017. There was designated lead identified amongst the staff in event of a fire, and all staff knew that it was their responsibility to ensure all patients were evacuated from the building should a fire occur. There was evidence of recent testing of all electrical equipment to ensure that equipment was safe to use. Clinical equipment (such as scales and thermometers) had been checked and calibrated to ensure they were working properly. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

Are services safe?

The practice had 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 emergencies.

- All staff received annual basic life support training and there were emergency medicines available. The medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All medicines we checked were in date.
- The practice had a defibrillator and oxygen with adult and children's masks available. A first aid kit and accident book were available.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 February 2017, we rated the practice as Requires Improvement for providing effective services as the practice could not provide sufficient evidence that clinical audits conducted by the practice were driving improvement in performance to improve patient outcomes. In addition, the practice Quality Outcomes Framework (QOF) scores showed that the practice was performing lower than the national average for the provision of some aspects of care.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 8 May 2017. However, not all arrangements had improved sufficiently. The practice continues to be rated as Requires Improvement for providing effective services.

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.

- At our last inspection in February 2016, we saw that the practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE. Staff informed us that alerts were received via the Practice Manager, reception staff or EMIS. If the alert relates to a medicine, staff ran a search to identify any patients affected. If any patients were identified, the patient would be alerted and asked to attend the surgery for a review of their medication.
- There was evidence that 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 for 2015/2016 were 86% of the total number of points available compared to the national

average of 95%, with an overall exception reporting rate of 2%, compared to the national average of 5%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF 2015/16 showed:

- Performance for diabetes related indicators was below both the CCG and the national averages. For example 64% of patients on the diabetes registers last cholesterol reading was 5mmol/l or less, which was less than the CCG average of 78% and the national average of 80%. The exception reporting rate was 2%, which was significantly lower than the CCG and national average of 9% and 13% respectively.
- Performance for mental health related indicators was lower than the CCG average and comparable to the national average. For example, 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months compared to the CCG average of 91% and a national average of 89%. The exception reporting rate was 0%, which was lower than the CCG average of 6% and the national average of 13%.

On the day of inspection, the practice showed us unverified data relating to the QOF year 2016/2017 results which appeared to show an improvement on the current published 2015/2016 results.

There was evidence of quality improvement including clinical audits.

- We viewed a recent audit undertaken by the practice which looked at how well patients who had a change of anti-coagulation medicines were being monitored by the practice in accordance to national guidelines. The results from the first cycle of the audit showed that 90% of identified patients were being monitored in accordance with guidelines. Of the second audit, 100% of identified patients were being monitored in accordance with national guidelines. As a result of the audit, a schedule of regular monitoring of patients on anti-coagulation medicines has implemented by the practice.

Effective staffing

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meeting and ad-hoc discussions. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included one-to-one meetings, appraisals, coaching, clinical supervision and facilitation and support for revalidating doctors. The majority non-clinical staff had had an appraisal within the last 12 months; however, we noted that the Practice Manager had not received an appraisal in the last 12 months. Subsequent to our visit, we received evidence that an appraisal for the Practice Manager conducted by one of the GP partners had taken place.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. However, this information was not always adequate.

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services. It was noted however, that of the sample of care plans we reviewed, none of the care plans had been devised by the practice.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.
- We were concerned regarding the quality of patient consultation notes of one of the GP partners. Of the sample of patient records we looked, we saw that the

consultation notes of one of the partners were sparse and did not always detail the discussion held between the patient and GP or the outcome(s) of the consultation.

Consent to care and treatment

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

- Clinical 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, clinical staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG average of 80% and the national average of 81%. 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. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 76% of women aged between 50 and 70 were screened for breast cancer in the preceding 36 months compared to a CCG average of 68%

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

and a national average of 72% and 51% of patients aged 60 to 69 were screened for bowel cancer in the last 30 months, which was comparable to the CCG average of 53%, but lower than the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 70% to 84% compared to the 90% standard. Five year olds from 87% to 97% compared to the CCG average of 72% to 86% and the national average of 88% to 94%.

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

Are services well-led?

Good 

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

Our findings

At our previous inspection on 17 February 2016 we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure and some policies and procedures were found not to be up to date.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 8 May 2017. The practice is now rated as Good for being well-led.

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients and this was documented through a practice mission statement which had been composed by one of the partners. This statement is supported by a current business strategy which focuses on plans for the practice for the years 2016 -2018.

Governance arrangements

The practice had a governance framework to support the delivery of good quality care. The framework 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.
- The practice had a business continuity plan in place which addressed what practice policy was should major incidents such as power failure or building damage occur. A copy of the continuity place was kept off site by each of the GP partners.

There was evidence of:

- A programme of audits used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had a policy on what to do in the event of an emergency (clinical and non-clinical).

Continuous improvement

The practice offered consultations using Skype for all patients. Online consultations were held at the end of morning surgery every morning and the length of each consultation is for 10 minutes. Patients wishing to have an online consultation contact the practice reception team in advance to book a slot with one of the GP partners. Patients using this service were given access to a secure skype address, which they accessed at their allotted time to commence their consultation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered persons did not do all that was reasonably practicable to ensure that relevant information regarding patient health concerns and clinical diagnosis were included in care and treatment plans/pathways. This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.