

Parkfield Medical Centre

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkfield Medical Centre on 25 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 were positive about the standard of care they received and about staff behaviours. They said staff were friendly, caring and empathetic. They told us that their privacy and dignity was respected and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Ensure that all staff employed are supported by completing the essential training relevant to their roles, including infection control training.
- Ensure that a policy is in place that specifies the process and relevant contact details for staff to use when there are adult safeguarding concerns.
- Ensure that a comprehensive fire risk assessment is completed.

Summary of findings

- Take steps to ensure that hot water temperatures at the practice are kept within the required levels.
- Ensure that a documented policy on patient consent is in place.
- Continue to support carers in its patient population by providing annual health reviews.
- Continue to take steps to ensure that in future National GP Patient Surveys the practice's areas of below local and national average performance are improved.
- Continue to take steps to improve access to the practice by telephone.

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 learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with or above the local and national averages.
- 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 staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed that with one exception patients rated the practice similar to or above local and national averages for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice similar to or below local and national averages for access to the practice. We saw the practice had responded by making considerable changes to its appointment system in an attempt to improve patient satisfaction in this area.
- 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 sought feedback from staff and patients, which it acted on. The Patient Participation Group was well established and active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Older people had access to targeted immunisations such as the flu vaccine. The practice had 2,759 patients aged over 65 years. Of those 2,185 (79%) had received the flu vaccine in the 2015/2016 year.
- The GPs completed twice weekly visits to a local nursing home with high dependency residents to ensure continuity of care for those patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with the CCG and national averages. The practice achieved 89% of the points available compared to the CCG average of 91% and the national average of 89%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.
- 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 GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk,

Summary of findings

for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other practices in the local area for all standard childhood immunisations.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

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 offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to meet the needs of working age patients. There was extended opening from 7am every Wednesday and Friday and from 8am to 11.30am every other Saturday for GP and nurse pre-bookable appointments.
- Every year a practice staff team including a nurse attended the Freshers' Fair of the nearby Royal Veterinary College to provide new students with advice on registering with the practice and health promotion including distributing Chlamydia screening kits.

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 those with a learning disability. There were 57 patients on the practice's learning disability register at the time of our inspection. Of those, 34 (60%) had received a health review in the past 12 months.
- 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.
- The practice had identified 240 patients on the practice list as carers. This was approximately 2% of the practice's patient list.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients. Although the total number of identified carers receiving an annual health review was very low.

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).

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable with the CCG average of 85% and the national average of 84%.
- Performance for mental health related indicators was better than the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 96% and the national average of 93%.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- Mental health trust well-being workers were based at the practice four days every week. Patients could self-refer to these.
- There was a GP lead for mental health.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was generally performing in line with local and national averages with some areas of above and below average performance. There were 257 survey forms distributed and 124 were returned. This was a response rate of 48% and represented 1% of the practice's patient list.

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).

- 79% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 83%, national average 78%).

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards. We also spoke with three patients during the inspection. From this feedback we found that patients were positive about the standard of care received. Patients said they felt staff were friendly, caring and empathetic and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

All of the patients we spoke with or who left comments for us were positive about access to the practice and appointments including access to same day and urgent appointments.

Parkfield Medical Centre

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 acting as a specialist adviser.

Background to Parkfield Medical Centre

Parkfield Medical Centre provides a range of primary medical services from its premises at The Walk, Potters Bar, Hertfordshire, EN6 1QH.

The practice serves a population of approximately 12,400 and is a training and teaching practice. The area served is less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those aged from 20 to 24 years, 45 to 54 years and 65 years and over. There is a lower than average population of those aged 0 to 19 years and 25 to 44 years.

The clinical team includes four male and three female GP partners, two female salaried GPs, two locum GPs, five trainee GPs, one nurse practitioner, one practice nurse and one healthcare assistant. The team is supported by a practice manager, a surgery manager and 23 other administration, reception and secretarial staff including a patient liaison officer. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract).

The practice is staffed with doors open between 8am and 6pm Monday to Friday with the phone lines staying open until 6.30pm. There is extended opening from 7am every Wednesday and Friday and from 8am to 11.30am every

other Saturday for GP and nurse pre-bookable appointments. Appointments are available from approximately 8am to 11.30am and 2.30pm to 6pm or 3pm to 6.30pm daily, with slight variations depending on the doctor and the nature of the appointment. An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 25 May 2016. During our inspection we spoke with a range of staff including three GP partners, one nurse practitioner, one practice nurse, the practice manager, the surgery manager and members of the reception and administration team. We spoke with three patients and two representatives of the Patient Participation Group (the PPG is a group of patients who

Detailed findings

work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed 17 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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.

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following a member of staff being injured by an unsheathed lancet (a lancet is a small surgical knife or blade) the practice reviewed its processes and introduced safety lancets as standard.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and a policy was accessible to all staff. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, but catered more for the practice's provision for safeguarding children. However, notices detailing the process and relevant contacts for adult safeguarding concerns were displayed around the practice. There was a lead member of staff for safeguarding who was trained to the appropriate level. Staff demonstrated they understood their

responsibilities and all had received training relevant to their roles. GPs were trained to an appropriate level to manage adult and child (level three) safeguarding concerns.

- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. The nurse practitioner was the infection control 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 an infection control audit was recently completed. We saw evidence that action was taken to address any improvements identified as a result. A programme of basic infection control training was in place and all relevant staff were booked to attend more comprehensive infection control training on 14 July 2016. All of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Healthcare Assistant was trained to administer medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in a staff area which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out regular fire drills. However, the fire risk assessment was basic and the risk reduction measures in place were minimally detailed. 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 Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Where risks were identified the practice responded by completing all the necessary actions and maintained records to demonstrate this. Regular water temperature checks were completed; however we found that some hot water temperatures were above the required level.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place across 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 and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency. The consultation and treatment rooms also contained a separate emergency alarm system.
- All but one member of staff had received basic life support training and a programme was in place to ensure the remaining staff member completed the training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were checked and tested.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

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 showed the practice achieved 98% of the total number of points available, with 5% 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). The practice's overall exception reporting was lower than the CCG average of 8% and the national average of 9%. This reflected a consistently lower than average exception reporting across most areas. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 89% of the points available with 6% exception reporting compared to the CCG average of 91% with 11% exception reporting and the national average of 89% with 11% exception reporting.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 86% of the points available, with 2% exception reporting, compared to the CCG and national average of 84%, with 4% exception reporting.

- Performance for mental health related indicators was better than the CCG and national averages. The practice achieved 100% of the points available with 5% exception reporting compared to the CCG average of 96% with 9% exception reporting and the national average of 93% with 11% exception reporting.

Clinical audits demonstrated quality improvement.

- We looked at five clinical audits completed since September 2014. Most of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, the practice completed an audit on the appropriate identification and treatment of patients aged over 75 years with Osteoporosis. By analysing the results and modifying its approach to the identification and management of these patients, the practice achieved a fourfold increase in the amount of patients aged over 75 years on its Osteoporosis register. It also ensured that 100% of the patients were appropriately prescribed for the condition.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as fire safety, health and safety, safeguarding, infection prevention and control and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. 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 vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis.

- Staff had access to a training programme that included: safeguarding, fire safety awareness and basic life support. Most of the training was provided in-house on a face-to-face basis and the practice was planning to introduce an e-learning facility in the near future.

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 shared information systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place every two to three months. These patients' care plans were routinely reviewed and updated.

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.
- Despite the practice not having a documented policy on patient consent, we saw a process for seeking consent was in place and well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

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 smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from the healthcare assistant. A dietician was based at the practice once each month and the practice referred patients to this service for weight management advice.

The practice's uptake for the cervical screening programme was 81%, which was similar to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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 consequence of abnormal results.

Bowel and breast cancer screening rates were similar to or higher than local and national averages. Data published in March 2015 showed that 62% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG and national average of 58%. Data showed 80% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%. These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 96% and five year olds from 90% to 96%.

The practice participated in targeted vaccination programmes. This included the flu vaccine for children,

Are services effective?

(for example, treatment is effective)

people with long-term conditions and those over 65 years. The practice had 2,759 patients aged over 65 years. Of those 2,185 (79%) had received the flu vaccine in the 2015/2016 year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40 to 74 years. 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 that members of staff were courteous and 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 area to discuss their needs.

The 17 patient Care Quality Commission comment cards we received were positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a very good service and staff were respectful, friendly, caring and empathetic and treated them with dignity and respect.

We spoke with two members of the Patient Participation Group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs, but slightly below average for nurses. For example:

- 97% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 85% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

We discussed some areas of below CCG and national average satisfaction scores with senior staff during our inspection. They were aware of the practice's below average satisfaction score for nurse care and concern. We were told the practice had experienced a period of time with nursing staff vacancies covered by temporary (locum) staff. Senior practice staff said this was unsettling for patients and had impacted on patient feedback about the nursing team. We saw the practice had made considerable effort to rectify this with two recently employed permanent nursing staff and a third position at the offer stage.

Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 240 patients on the practice list as carers. This was approximately 2% of the practice's patient list. Of those, one individual had received a health review in the past 12 months. We spoke with senior staff about the very low uptake of health reviews by carers. They told us that the past year's priority was to increase the amount of carers identified from 1% to 2% of the practice's patient list and this was a success. They said that now most of the nursing team vacancies were filled with permanent staff this year's focus would be to complete carer health reviews.

A dedicated carers' notice board in one of the waiting areas provided information and advice including signposting carers to support services. Information was also available online (through the practice website) to direct carers to the various avenues of support available to them. A member of non-clinical staff was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients. The practice hosted carers' coffee mornings and representatives of a local carers' advice and wellbeing service often attended to provide information and support.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The GPs phoned bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 85% and the national average of 84%.
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 199 patients (just under 2% of the practice's patient population over 18) were receiving such care.
- 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.
- The GPs completed twice weekly visits to a local nursing home with high dependency residents including those with dementia to ensure continuity of care for those patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible toilet facilities for all patients, a hearing loop was provided and translation services including British Sign Language (BSL) were available. The practice was located in a two storey building. A working lift was available and this was regularly serviced.

- The waiting areas were accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- There were six week post-natal checks for mothers and their children.
- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. Mental health trust well-being workers were based at the practice four days every week. Patients could self-refer to these.
- Every year a practice staff team including a nurse attended the Freshers' Fair of the nearby Royal Veterinary College to provide new students with advice on registering with the practice and health promotion including distributing Chlamydia screening kits.
- For the past four years a practice staff team had attended the Potters Bar Carnival to provide people with health advice, mini health checks and blood glucose spot tests among other things.

Access to the service

The practice doors were open between 8am and 6pm Monday to Friday with the phone lines staying open until 6.30pm. There was extended opening from 7am every Wednesday and Friday and from 8am to 11.30am every other Saturday for GP and nurse pre-bookable appointments. Appointments were available from approximately 8am to 11.30am and 2.30pm to 6pm or 3pm to 6.30pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was similar to or below local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 69% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 52% of patients said they always or almost always saw or spoke to the GP they preferred (CCG average 63%, national average 59%).

The patients we spoke with or who left comments for us were positive about access to the practice and appointments.

We discussed some areas of below CCG and national average satisfaction scores with senior staff during our inspection. They were aware of the practice's below average satisfaction scores for access to the practice by phone and patients being able to see their preferred GP. In response to these below average satisfaction scores the practice had altered its appointment booking system from phone on the day only to pre-bookable appointments up to one week in advance. They had increased their appointment booking phone line capacity from six to eight lines. Whereas previously the online booking system had only enabled patients to book telephone consultations with the GPs, they were now able to use the online service to book face-to-face appointments with the GPs. The senior staff we spoke with said they hoped that these and other measures they'd taken to adjust the appointments system would result in an increase in patient satisfaction in future surveys.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There was a designated responsible person who handled all complaints in the practice. This was the surgery manager.
- We saw that information was available to help patients understand the complaints system. The practice's complaints procedure was detailed on its website and displayed in the entrance to the practice.

We looked at the details of 15 complaints received since April 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, the practice had reviewed and amended its procedures and arrangements for labelling cervical screening tests following an avoidable error.

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 statement of purpose detailing its aims and objectives. These included providing high quality care in a safe and suitably equipped environment, providing staff with the skills to complete their roles effectively and supporting patients to engage in their own care.
- The fortnightly partners' meeting attended by the GP partners and the practice manager among others was used to monitor the strategic direction of the practice throughout the year. The main strategic focus of the practice in the past year was to recruit to the nursing team and this was successful.

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. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised 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. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 safety incidents:

- The practice gave affected people reasonable support and truthful information.
- 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.

- There was a regular schedule of meetings at the practice for individual staff groups, multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, older patients and patients with diabetes and mental health issues. There were also nurse led clinics for patients with diabetes and respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

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

Are services well-led?

Good 

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

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

The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, a priority area for the PPG was the improvement of the nutritional health of patients. As a result the practice held six workshops on various nutrition related topics including eating for a healthier heart and the importance of diet in the management of diabetes. Patient surveys completed at three of the events demonstrated they were beneficial to patients in improving their knowledge on eating healthily and changing their dietary habits.

We saw there was a comments and suggestions box available for patients to use in reception and an online comments facility through the practice website. Any comments and suggestions made were reviewed by the patient liaison officer or the practice manager.

The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a GP training and teaching practice and maintained high standards for supporting its trainees and students. Two GPs were qualified GP trainers and three GPs were associate trainers. There was a GP lead for medical students.

The practice team was forward thinking and had encouraged the establishment of a comprehensive Patient Participation Group (PPG). Established for more than 20 years and with over 1,300 members, the practice's PPG was a registered charity with its own patient led committee. The PPG produced their own newsletter which was delivered to over 1,000 homes every quarter and funded (through grants and fund raising events) the books and equipment in the patient information centre at the practice. The patient information centre contained a small library of health related books and leaflets and a body mass index/blood pressure machine for patients to use. The centre was staffed by a patient liaison officer funded by the PPG and the practice to work three mornings every week to assist patients with the use of the centre and any queries they had or information they required.