

Dr Nalliah Sivananthan

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 Dr Nalliah Sivananthan on 23 November 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had a Health Officer who helped patients whose first language is not English have access to healthcare.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- This practice offered its older patients extended access to the practice via an emergency hotline number.
- 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.
- Patients said they able 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.
- 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 practice had three different Patient Participation Groups (PPG) which reflected the diverse patient list. One group caters for Turkish speaking patients, the second group for Tamil speaking patients and the third for all other patients. The three groups met regularly as individual groups and together as a whole group to discuss relevant issues.

Summary of findings

The areas where the provider should make improvements are:

- Ensure that all members of staff receive fire training.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Ensure there are written policies in place to provide guidance on the monitoring of patients on high-risk medicines who are under the care of both the practice and hospital.

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 things went wrong patients received reasonable support, truthful information, and a 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 and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- On the day of inspection, the practice processes for monitoring patients on high-risk medicines under the care of both the practice and hospital was not clearly identifiable. Subsequent to the inspection, we received a policy from the practice outlining how these patients would be monitored in the future.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national 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 other health care professionals 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 comparable to the CCG and national averages for some aspects of care.

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.
- The practice offered extended hours surgery five times a week for patients unable to attend the surgery during normal working hours.
- The practice had a Health Officer at the practice that specialised in assisting patients whose first language is Turkish to access required healthcare.

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 it.
- 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.

Good



Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice currently had three different Patient Participation Groups (PPG). The PPGs which catered for different cultural groups (Tamil, Turkish and general) met regularly. The three groups came together to meet as a whole group regularly to discuss issues. The PPGs was kept informed of issues and developments regularly by the practice.
- 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.
- Longer appointments for this population group were available when needed.
- Patients aged 75 and over had a named GP.
- This population group has extended access to the practice via an emergency hotline number.

People with long term conditions

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

Good



- Nursing staff (alongside GP's) had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 95% of patients on the diabetes register had a record of a foot examination and risk classification, which was above the CCG average of 82% and the national average of 88%.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary 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 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.

Summary of findings

- 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.
- 83% of women aged 25 to 64 had a record of a cervical screening test being performed in the preceding five years, which is comparable to 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 and health visitors.

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.
- The practice offered extended hours five evenings a week for these patients.
- Telephone consultations were available for this population group.

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.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- This population group has extended access to the practice via an emergency hotline number.
- The practice had a Health Officer to help address the healthcare needs of patients whose first language was Turkish.

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).

- 100% of patients (a total of 26) diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 86% and the national average of 84%.
- 94% 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, which was higher than the CCG average and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- This population group has extended access to the practice via an emergency hotline number.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing in line with local averages and were sometimes slightly lower than the national averages. Three hundred and forty six survey forms were distributed and 103 were returned. This represented 1.5% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good which is above the CCG average of 79% and the national average of 85%.

- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. There was a recurring theme of friendly caring staff and several comment cards commented on the good care the practice provides.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed, friendly and caring. The Friends and Family Test undertaken by the practice between the months of April 2016 – October 2016 revealed that 41 out of 43 patients would recommend the practice.

Dr Nalliah Sivananthan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Dr Nalliah Sivananthan

Dr Nalliah Sivananthan (known as Alexandra Surgery) is located in a converted house within a busy residential and commercial area of Wood Green, which is located in North London. The practice has a disabled parking bay at the front of the surgery. The nearest bus stops are approximately three minutes' walk from the practice.

There are approximately 6200 patients registered with the practice. Forty nine percent of patients have a long standing health condition compared to the CCG average of 46% and the national average of 54%. The practice has a young to middle-aged population with approximately 44% of the practice population between the ages of 19 to 64. 10% of patients are aged over 65 which is the same as the CCG average of 10% and below the national average of 17%. Twenty two percent of patients are aged under 18 which is the same as the CCG average and comparable to the national average of 21%.

The practice has two GP partners (one male and one female) and four salaried (three female and one male) GP providing 18 sessions per week. There is one practice nurse (female) who provides 8 sessions per week and a trainee healthcare assistant. The administrative team is led by a practice manager, who manages eight reception/administration staff members. In addition, the practice has an IT/Finance manager.

The practice operates under a Personal Medical Services (PMS) contact (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is open Monday to Friday from 8am to 7pm with the exception of Monday evening when the practice opens until 7:30pm. Phone lines are answered from 8am and clinical sessions are as follows:

- 9am - 11:30am; 1pm - 3:30pm; 5pm - 7:30pm (Monday)
- 9am - 11:30am; 12:30pm - 2:30pm; 4:30pm - 7pm (Tuesday)
- 9am - 12:30pm; 2pm - 4pm; 4:30pm - 7pm (Wednesday)
- 9am - 11:30am; 1pm - 7pm (Thursday)
- 9am - 11:30am; 2pm - 4pm; 4:30pm - 7pm (Friday)

The locally agreed out of hours provider covers calls made to the practice whilst it is closed.

Dr Nalliah Sivananthan operates regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease, disorder or injury, maternity and midwifery services, diagnostic and screening procedures, surgical procedures and family planning services.

NHS Haringey is Clinical Commissioning Group for the practice.

Why we carried out this inspection

We inspected this service as a part of our comprehensive programme. This location had not previously been inspected by the CQC.

Detailed findings

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

How we carried out this inspection

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

- Spoke with a range of staff including two GP's, two nurses (one recently retired and one current), a practice manager, an IT/Finance manager and three reception/administration staff. We also 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 incident recording 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event about problems with the clinical system EMIS, which led a number of patient reports being shown on the clinical system as not having been filed. The issue occurred due to EMIS at the practice operating at a very slow speed, it became difficult to use the 'file' function within the system effectively. All reports received in the practice were being viewed and actioned, but this was not reflected on EMIS due to the speed issues. To assure themselves that reports had been actioned, the practice conducted an internal audit of all abnormal results/reports received to see whether these reports/results had been acted upon. The audit showed that all reports picked as part of the audit had been viewed and actioned/acted upon in a timely manner. This event was discussed at a practice meeting where it was agreed that should this type of event occur again in the future, a nominated person would contact the EMIS support team to log the problem. In addition, it was agreed to also speak to

neighbouring practices to see whether they had experienced anything similar and what their approach was to resolving the problem, before devising a practice strategy to deal with the issue.

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. Policies were accessible to all staff and information booklets were available in the reception for patients. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3 and non-clinical staff were trained to 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 (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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice, and practice staff had received up-to-date infection control training. Annual infection control audits were undertaken and we saw that there was an action plan template to address any improvements, should any be identified as a result of an audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and

Are services safe?

disposal). Processes were in place for handling repeat prescriptions. On the day of inspection, the practice could not provide satisfactory written evidence, that there was a system in place to monitor regular blood testing for patients under shared care, on high risk medicines such as Methotrexate (this is a medicine prescribed for patients with auto-immune conditions). Shared care is when the patient is being looked after by the practice and hospital at the same time. The practice was able to run a query highlighting patients on high-risk medication on the day of inspection, but this was not a query that was run regularly to ensure that patients on these types of medication were being monitored sufficiently by the practice. Subsequent to the inspection, we received a template and policy on how the practice would conduct regular monitoring of patients at the practice on high risk medicines.

- 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. Blank prescription forms and 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 three 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 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 which identified local

health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, however not staff members had received fire training. 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 and staff had to book their annual leave in advance to ensure 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 the practice which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- We saw that 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 stored securely.
- 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. Copies of the plan were also held offsite to be accessed in case of emergency.

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 patients' needs.
- The practice monitored that these guidelines were followed through discussion at practice meetings.

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 (2015/2016) showed the practice achieved 99% of the total number of points available compared to the CCG average of 92% and the national average of 95%, with an exception reporting rate of 8% compared to the CCG and national average of 10%. (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 2015/16 showed:

- Performance for diabetes related indicators was higher than the national average. For example the percentage of patients on the diabetes register with a record of a foot examination and risk classification in the preceding 12 months was 95% compared to the CCG average of 85% and the national average of 88%. The exception rate for the practice in this clinical area was 1% compared to the CCG average of 6% and the national average of 7%.
- Performance for mental health related indicators was higher than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a

comprehensive agreed care plan recorded in the record within the preceding 12 months was 98% compared to the CCG average of 87% and the national average of 88%. The exception rate for the practice in this clinical area was 0% compared to the CCG average of 6% and the national average of 12%.

There was evidence of quality improvement including clinical audits.

- There had been six clinical audits completed in the last two years, and we saw evidence that two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice conducted an audit which focused on ensuring that if specimens are sent for histology testing following minor surgery, that pathology reports are received within a reasonable time, and to confirm that any histopathology report received that causes particular concern has been acted upon. The first audit cycle identified that of 54 samples forwarded on for testing, 50 reports from the laboratory had returned to the practice and attached to patient records and four reports had not been returned. As a result of the first audit, the practice contacted the laboratory to obtain the missing four results (for which no further action was required as a result of the test). In addition, the practice issued guidance to patients on how to access their results. The second audit identified that of 48 samples forwarded on for testing, 47 reports from the laboratory had returned to the practice and attached to patient records and one report had not been returned. As a result of this second audit, once again, the practice contacted the laboratory to obtain then missing result (for which no further action was required). This audit also identified that one report required further action based on the result of testing, which the practice dealt with in a timely manner. Discussions from the outcomes of the audits resulted in the implementation of practice policy, which meant the practice would inform patients of serious adverse test reports and the actions to be taken soon after the result is received by the practice.

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. This 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 vaccines 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 attending updates, 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, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, 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.

- 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 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 discussions at clinical meetings.

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.
- We saw evidence that at the practice engaged with the local community. One of the partners had given a presentation at a local nursery school regarding the importance of healthy eating from an early age and the effects it has on the human body.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 80% 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 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

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

bowel and breast cancer screening, 59% of female patients aged 50 to 70 had been screened for breast cancer in the last 36 months which was comparable to the CCG average of 64%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 85% to 94% which was comparable to the CCG average of 86% to 94% and the

national average of 73% to 95%. Vaccines given to five year olds ranged from 83% to 95%, which was comparable to the CCG average of 83% to 93% and the national average of 81% to 95%.

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 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 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three of the comment cards received said that it was sometimes hard to get an appointment.

We spoke with three members of the Patient Participation Group (PPG). The practice has three different PPG's which reflected the diverse patient list. One group caters for Turkish speaking patients, the second group for Tamil speaking patients and the third for all other patients. They 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 mostly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82 % and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 mostly comparable to local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 77% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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. In addition, several members of staff spoke a second language.

Are services caring?

- Information leaflets were available in easy read format.
- Information posters were displayed in the patient waiting area in other languages.
- The practice had a dedicated Health Officer who specialized in communicating with Turkish speaking patients who did not speak English, to ensure that their health needs were being met by the practice. These patients could also make use of translation services provided by the practice in the absence of the Health Officer.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers which is less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them, this included referrals to a local carers support group.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was usually 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

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. For example we saw evidence that the practice had been in contact with the prescribing team at Haringey CCG regarding the monitoring of antibiotics prescribed. The practice prescribing of antibiotics was below the target set by the CCG, but they realised that there was the opportunity to reduce further the amounts the practice prescribed in accordance with local prescribing guidance. Further monitoring and educating patients regarding the use of different medicines had been discussed as alternatives to prescribing antibiotics.

- The practice offered extended hours until 7.30pm on a Monday and until 7pm Tuesdays to Fridays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex health needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Online services including appointment bookings were available to patients.
- Telephone consultations were available to those unable to attend the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS, those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available. Several members of staff spoke a second language including Turkish and Tamil.
- The practice offered sexual health and contraception clinics.

Access to the service

The practice opening times are as follows:-

Monday: 8am – 7:30pm

Tuesday - Friday: 8am – 7pm

The practice telephone lines are answered from 8am
Monday - Friday and appointment times are as follows:

- 9am - 11:30am; 1pm - 3:30pm; 5pm – 7:30pm (Monday)
- 9am - 11:30am; 12:30pm - 2:30pm; 4:30pm - 7pm (Tuesday)
- 9am - 12:30pm; 2pm - 4pm; 4:30pm – 7pm (Wednesday)
- 9am - 11:30am; 1pm - 7pm (Thursday)
- 9am - 11:30am, 2pm - 4pm; 4:30pm – 7pm (Friday)

The locally agreed out of hours provider covers calls made to the practice whilst it is closed.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 79%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

A GP would call the patient requesting a home visit in order to assess the clinical need, in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice manager handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, there was a complaints poster and leaflet in the reception area and information on how to complain was available on the practice website.

We looked at two out of seven complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we viewed a record of complaint from a patient who was unhappy with their consultation (including diagnosis and suggested management of condition) with one of the practice GP's.

Following receipt of the complaint, the practice manager spoke with the GP regarding the complaint and to gain their version of what happened during the consultation. Further to this discussion, the GP wrote a letter to the complainant detailing why they had arrived at the suggestions for management of the condition. The practice received notice from the patient that they were satisfied with the written explanation provided and that would not be taking this matter any further. We saw that this incident was discussed at a practice clinical meeting where clinical staff were advised where it was obvious that a patient was unhappy during the consultation, not to continue with the clinical discussion, but to be supportive and understanding of the patients concerns and needs at that point in time. The clinical discussion could be resumed later time during the consultation

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.

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 as well as the roles of others.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a local 'buddy' practice in the area, should an event occur which meant the practice building not being able to open.

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 told us the practice prioritised safe, high quality and compassionate care. Staff told us the GPs and managers were approachable and took the time to listen to all members of staff.

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). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 and we saw evidence of this through copies of minuted staff meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff at Alexandra Surgery told us that all staff valued their colleagues and that as a team they shared the same values.
- 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 surveys and complaints received. The practice had three PPGs which catered to the different patient cultural groups of patients registered with the practice. The three groups met regularly individually and as one whole group. The PPG submitted proposals for improvements to the practice management team. For example, as a result of a suggestion by the group, the practice website has incorporated a section on what the practice is doing regarding patients with diabetes. This has followed on from a PPG-led patient information session held at the practice regarding the disease.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would 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 focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and seek to further their knowledge in both clinical and non-clinical areas of work.

As part of the practice continued monitoring of patients with diabetes, the patients have access to blood pressures machines at the practice, as well as the opportunity to borrow one of the portable machines held by the practice.

Patients who use the machines at the practice are asked to give the details of the latest reading to the reception team, who would enter the results on the patient record. If on entering the details of the blood pressure result, the system recognises the reading as high, the patient would be invited in for a discussion with a member of the clinical team to look at ways to reduce the results of the reading.