The Town Surgery

Quality Report

37 Cecil Road
Enfield
EN2 6TJ
Tel: 020 3002 6002
Website: **www.thetownsurgeryenfield.nhs.uk**

Date of inspection visit: 3 June 2014
Date of publication: 30/09/2014

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.

Summary of findings

Contents

Summary of findings

Overall summary

The Town Surgery is a single handed practice that provides primary medical services to over 3450 patients living in Enfield. NHS Enfield CCG is a membership organisation of 54 local GP practices and is responsible for commissioning health services for a population of around 310,000 people. 38.8% of the population belong to non-white minorities which is more than three times higher than the England average (12.3%). Enfield has a relatively high rate of long term unemployment and a high proportion of obese children.

Rates of smoking during pregnancy are significantly better than the England average, as are the number starting breast feeding.

The practice has three male GPs and one nurse. The practice offers a range of services including, phlebotomy, antenatal care, cervical screening and the well person clinic.

On the day of our inspection, 3 June 2014, we spoke to staff, patients and their relatives. Prior to our inspection we spoke to other professionals involved in delivering integrated care such as midwives and Health Visitors. We also collected patient views through comments cards that were left at the practice two weeks prior to the inspection.

As part of the inspection we looked at all the regulated activities provided by the service which were diagnostic and screening, surgical procedures and treatment, disease, disorder or injury. At the time of our visit the practice was no longer performing minor surgeries due to absence of a separate treatment room.

The Town Surgery provided a safe and effective service for all population groups. There were appropriate procedures in place to deal with emergencies, and to clean and service equipment and premises. Staff were aware of infection control procedures and had received appropriate training.

There were effective systems in place to ensure that staff followed best practice including guidance from the National Institute of Health and Care Excellence (NICE) and the Royal College of GP (RCOGP). There was a training and appraisal schedule for both clinical and non clinical staff.

Patients were treated with dignity and respect. We observed staff speaking to patients in a polite and professional manner over the telephone and in person. Staff told us that they chaperoned patients when requested as all three doctors that worked at the practice were male. There were arrangements in place to support people who had suffered a bereavement.

The practice was responsive to the needs of the population it served. Patients told us that they came to the practice as they could see the same doctor all the time and they felt that the doctors understood their needs and gave them enough time during consultations.

The practice had a democratic leadership approach and due to its small size. Staff said it felt more like a “family”. Both clinical and non clinical staff felt that the doctors were supportive and that they were given opportunities to attend training sessions. Staff said they were able to raise concerns about their work without fear.

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 Town surgery was providing a safe and effective service where patients were cared for by staff who were supported to attend training. Staff demonstrated awareness of national guidance and told us they followed the surgery's policies and procedures in relation to safeguarding, infection prevention and control and all clinical practice. There were procedures in place to ensure that the premises and equipment were maintained. Medicines and repeat prescriptions were managed appropriately. Staff were aware of the procedure to take in an emergency and actions to be taken to report and review significant events and incidents.

Are services effective?

There were effective systems in place to ensure that staff followed clinical guidance such as National Institute of Health and Care Excellence (NICE) and Royal College of GP's (RCOGP). There was a training and appraisal schedule for both clinical and non clinical staff as well as an induction program for new starters. Several prescribing audits had been completed resulting in changes in treatment plans and cost-effective prescribing. The practice worked well with other health care professionals and received daily information from the local out of hours (OOH) provider about patients who had used the OOH service.

Are services caring?

The practice offered a service that was caring and ensured that people were treated with dignity and respect. We observed staff speaking to patients in a polite and professional manner over the phone and in person. Reception staff told us that they chaperoned patients when requested as all three doctors that worked at the practice were male. There were arrangements in place to support people who had a recent bereavement. People told us they were satisfied with the care they received and that they felt involved in making decisions about their care or treatment.

Are services responsive to people's needs?

The practice was responsive to the needs of the population it served. Patients told us that they came to the practice as they could see the same doctor all the time and they felt that the doctors understood their needs and gave them enough time during consultations. Appointments were usually available the same day or the next day. There were extended opening hours every Monday to ensure that working patients could access appointments as well as

Summary of findings

telephone consultation between 12.30 and 13.00 daily. Patients were happy with the practice opening times and told us they knew the procedure to follow if they needed to make a complaint or a comment in person or online.

Are services well-led?

The practice had a democratic leadership approach and due to its small size. Staff said it felt more like a family. Both clinical and non clinical staff felt that the doctors were supportive and that they were given opportunities to attend training sessions. Staff said they were able to raise concerns about their work without fear. There were systems in place to manage and identify risk and ensure that staff learned from incidents in order to improve the quality of care delivered.

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 ensured that the 122 older patients registered at the practice received safe and effective care that was responsive to their needs. All over 75s had a named GP or were in the process of being assigned a named GP. Home visits were also offered when required. One GP provided a service to a local care home every Wednesday. The service referred older people to a rapid assessment unit at Chase Farm Hospital where older people were seen on the same day without attending accident and emergency departments.

Staff treated people with dignity and respect and helped people with mobility difficulties.

People with long-term conditions

The practice was providing a safe, effective service that was responsive to the needs of the 1193 patients with long term conditions who were registered at the practice. A diabetic clinic was run on a shared care basis in conjunction with the diabetic service at another Enfield practice, in addition to the annual review offered by the nurse and the optometry review.

Patients were able to use the “choose and book system”, for non urgent referrals and advised if possible to take the first appointment for more urgent conditions. A cardiac disease and stroke prevention clinic was organised for patients with a family history of heart disease.

Mothers, babies, children and young people

The Town surgery currently cared for 57 expecting mothers, 175 babies, 635 children and 110 young people. The practice provided a safe and effective service which offered a midwifery clinic at the practice once a week, vaccination services, child development checks, six weeks post natal checks and smear tests.

We observed staff treat women and young people with respect. Staff told us that they did not discriminate according to age or gender. The Surgery was in the process of working with a charity to offer services for parents who had recently lost a baby/child. A chaperone was in place when requested as the practice had predominantly male GPs.

Summary of findings

The working-age population and those recently retired

The Town Surgery provided a service that was safe, effective and met the needs of the 2323 working age or recently retired patients registered at the surgery. Extended opening times on a Monday were offered to enable patients who worked to access evening appointments.

A telephone consultation service between 12.30 and 13.00 daily was also available for working patients to access during their lunch break. A travel vaccine service was offered as well as information and support about lifestyle issues such as healthy eating and smoking cessation.

People in vulnerable circumstances who may have poor access to primary care

The Town surgery provided care for 11 patients who were vulnerable and may have poor access to primary care in a safe and effective manner. There were systems in place to ensure that this population group could access the service. A flexible appointment service which could offer longer appointment times for people with communication difficulties was in place.

Staff were aware of how to respond to vulnerable people including the homeless and those with a learning disability. A register for people with learning disabilities was maintained to ensure that an annual health check was offered as well as support for the main carers.

People experiencing poor mental health

The practice cared for 53 patients with various mental health conditions. There were no specialist services for people with mental health conditions provided at the practice. However, staff were aware of the various services in the borough and showed us leaflets they gave to patients who required support. They provided a safe service where annual health checks were offered referrals to clinics run by other practices in Enfield including the Enfield Improving Access to Psychological Therapies (IAPT) service.

Summary of findings

What people who use the service say

We found that the Department of Health GP Patient Survey completed between January and September 2013 showed that people were happy the care and treatment they received, with the exception of a few who complained about the nurse's communication skills. The surgery had an audit in March 2014 where 50 patients responded and which showed that telephone access was a problem.

We collected 19 comment cards where people told us that they were very happy with the care and treatment they received from doctors and the nurse. Their main complaint was that it was difficult to get through on the phone although they could get same day appointments by walking in or by booking an appointment online.

We spoke to 21 patients on the day of our visit. They all said they had been treated with respect and that they had confidence and trust in the doctors and nurses that attended to them. We also spoke to members of the Patient Participation Group (PPG). The PPG felt that the patient voice was listened to. They told us That the practice had listened to their opinion when people said they wanted a choice of either using the self-service check- in station when they arrived for their appointment or to report to reception. People were happy that the surgery had been refurbished and thought it looked cleaner and more inviting.

Areas for improvement

Action the service COULD take to improve

The surgery could provide more nursing hours and more nurses lead clinics as the current nurse only worked three morning sessions a week. This meant that patients could only see a nurse in the morning and also reduced the amount of clinics that the surgery could organise.

The practice could have a defibrillator in place in addition to the oxygen and emergency drugs kept at the practice in order to enable a prompt resuscitation in the event of a cardiac arrest.

The Town Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a Care quality Commission (CQC) lead Inspector and a GP specialist advisor. We were also joined by an Expert by Experience. An Expert by Experience is a team member granted the same authority to enter a practice as a CQC inspector and has had experience of using a GP practice or has cared for someone who regularly uses services offered by a GP practice.

Background to The Town Surgery

The Town Practice is a practice that provides a range of primary medical services for over **3450** patients in Enfield. The practice had never been inspected before. The NHS GP patient survey which was conducted between March and September 2013 indicated that there were no major concerns about the practice with the exception of a few comments made about the nurse.

Why we carried out this inspection

We inspected this GP practice as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations including NHS England and Enfield Clinical Commissioning Group, to share what they knew about the service. We carried out an announced visit 3 June 2014. During our visit we spoke with a range of staff including the nurse, three administrative staff, two GPs and the practice manager. We spoke with patients who used the service. We observed how patients were being cared for and talked with carers and/or family members.

We reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service and spoke to 21 patients.

Are services safe?

Summary of findings

The Town surgery had arrangements in place to provide safe care. Staff were supported to attend training and told us they followed the surgery's policies and procedures in relation to safeguarding and infection prevention and control and all clinical practice.

There were procedures in place to ensure that the premises and equipment were maintained. Medicines and repeat prescriptions were managed appropriately. Staff were aware of the procedure to take in an emergency and actions to be taken to report and review significant events and incidents.

Our findings

Safe patient care

Staff told us that care was assessed and planned to meet the individual's needs. Clinicians told us they always considered allergies and past medical history during each consultation. There was a clear system in place for reporting and recording incidents. Staff understood their responsibilities and could tell us how they would report incidents. We also saw evidence of this in the meeting minutes and significant incident reports we reviewed.

Learning from incidents

There was a procedure in place to review significant events. There had only been two significant events at the practice in 2014 of which staff were aware. One related to management of aggressive patients and the other related to the referral process to another local clinic. Both events had been actioned and staff had been informed and could demonstrate learning and changes in practice. There was a system of cascading safety alerts via email and at team meetings.

Safeguarding

Both clinical and non clinical staff had attended safeguarding training for both adults and children. The doctors had Level 3 child protection training whilst the nurse was waiting for refresher training with Enfield Clinical Commissioning Group CCG).

Staff were aware of where to locate the safeguarding policies, could describe different types of abuse and knew the named safeguarding lead within the practice. Staff told us they would report any safeguarding concerns to the lead GP who would in turn report to the local authority and the health visitor. Non clinical staff could not recall any cases. However, clinical staff could remember a recent referral they had made which they showed us on the electronic patient record database

A separate register was kept for all the at- risk families known to the practice. This was shared with the health visitor and updated as and when the situation changed. Members of a family with a child protection risk could also be flagged up on the electronic system each time they came for consultation.

Monitoring safety and responding to risk

There was a business continuity plan which staff knew about and explained that they would operate from the

Are services safe?

Church across the road if the building was not safe for patient care. Policies were in place for managing sickness and absence and busy times. Regular infection control audits and audits on the management of patients with Chronic Obstructive Pulmonary Disease (COPD) were completed. Fire risk assessments audits were also completed by an external company.

Medicines management

the patients to collect within 48hours. Patients told us they were happy with both the 48 hour prescription process and the electronic prescription service. There were procedures in place to manage people on warfarin (medicine used to thin the blood) and methotrexate (medicine used to treat inflammation) to ensure that their blood tests and medication reviews took place.

Fridge temperature checks were recorded daily according to the Public Health England protocol for ordering handling and storage of vaccines. The nurse and the practice manger were aware of the procedure to follow in the event of fridge failure. This had happened during the recent renovations and all the vaccinations had to be discarded as the fridge had not been operating for over 72 hours.

Cleanliness and infection control

People were protected from the risk of infection because appropriate guidance had been followed. Staff had attended infection prevention and control training and were aware of the isolation protocols, location of spillage kits and the procedure to follow in the event of a needle stick injury.

All clinical staff had hepatitis B immunity blood test checks on file. Sharps bins were correctly assembled and not overfilled. Clinical waste bins were not overfilled, handwashing sinks had elbow taps and paper towels and hand wash was readily available. Single use equipment was disposed of appropriately. We reviewed documentation that confirmed that clinical waste was disposed of appropriately.

People were cared for in a clean and hygienic environment. The consulting rooms and the waiting area were clean. We saw cleaning schedules for both clinical and non clinical areas. Patients told us that the surgery always looked clean especially since it had been recently refurbished. Staff told us that equipment and the couches were cleaned by the clinicians before each patient contact.

Staffing and recruitment

There were recruitment policies which stated that staff had to apply and fit the job description before being offered an interview. The practice manager showed us staff files which contained references, and qualifications of staff. Staff had disclosure and barring checks completed within the last three years to ensure that they had no restrictions that could prevent them from working with both vulnerable adults and children.

There was an induction for all new staff to ensure they were familiar with the policies and procedures. The surgery could provide more nursing hours and more nurses lead clinics as the current nurse only worked three morning sessions a week. This meant that patients could only see a nurse in the morning and also reduced the amount of clinics that the surgery could organise. The practice manager said there were plans in place to recruit another nurse in the near future as well as a female GP.

Dealing with Emergencies

There were two resuscitation trollies and oxygen which was in date. There was no defibrillator at the practice. All staff knew the location of the emergency trolley and had completed cardio pulmonary resuscitation training in 2014. The emergency medicines were checked by the nurse regularly to ensure they had not expired. We checked both emergency drug boxes and found medicines to be in date. Staff were aware of the procedure to follow in the event of a fire.

Equipment

Staff told us that equipment such as blood pressure machines were calibrated yearly. We saw records that confirmed an external contractor calibrated them yearly. Fire extinguishers were also checked yearly and the hearing loop was also checked by staff to ensure it was working correctly. Disposable curtain screens in consulting rooms were clean and changed every six months.

Are services effective?

(for example, treatment is effective)

Summary of findings

There were systems in place to ensure that staff followed clinical guidance such as National Institute of Health and Care Excellence (NICE) and Royal College of GP's (RCOGP).

Several prescribing audits had been completed resulting in changes in treatment plans and cost-effective prescribing. The practice worked well with other health care professionals and received daily information from the local out of hours (OOH) provider about patients who had used the OOH service.

There was a training and appraisal schedule for both clinical and non clinical staff as well as an induction program for new starters.

Our findings

Promoting best practice

The GPs kept up to date by utilising GP notebook, NICE updates, and clinical knowledge summaries website. Information was disseminated to all staff at monthly team meetings. The practice manager also disseminated email alerts. Doctors told us they used the Prescribing drug support tool (PDST) to ensure appropriate prescribing. We were told and saw that referrals were completed immediately on the day of consultation by the GPs. The practice also used the Enfield referral service which is run by Enfield CCG, for all referrals including the two week wait referrals.

GPs were aware of the local integrated pathways such as Multidisciplinary teleconferencing, gynaecology one- stop women clinics, COPD (respiratory conditions) pathways and atrial fibrillation (AF) (heart conditions) pathways.

Management, monitoring and improving outcomes for people

The practice carried out prescribing audits in conjunction with the CCG pharmacist who they met with quarterly. It was shown that the practice had saved £20000 during their last prescribing audit. Drugs changed included non-steroidal anti-inflammatory drugs (NSAIDS) and statins. One change was prescribing; naproxen instead of diclofenac. These NSAIDS substitute was in line with prescribing recommendations to improve patient outcomes.

The practice had recently completed a quality and productivity indicator that analysed referrals. It showed that referral rates were low and that the practice was not an outlier in any field. The practice had also completed an emergency admissions audit and an A&E attendance audit. Both audits had completed action plans showing that phone calls were made to, patients where A&E attendance could have been avoided.

Staffing

The practice had three male GPS, a practice manager and a nurse. Locums were rarely used. The three GPs covered for each other during sickness. Staff had allocated holidays and annual leave was covered by other permanent staff. The lead GP completed the induction program for new GPs whilst the practice manager completed the induction program for administration staff. Two out of the three GPs

Are services effective?

(for example, treatment is effective)

told us they had up to date appraisals and were due for revalidation in 2015. All administration staff and the nurse either had up to date appraisals which were completed by the practice manager or had an appraisal scheduled for 2014.

Training was both online and classroom- based and was organised by the practice manager for both administration and clinical staff. Clinical staff also arranged their own training and read journals in order to keep up to date with their professional development. The nurse told us that she went to the local practice nurses forum and kept up to date with immunisation training and smear test training updates.

Working with other services

The practice had started to meet with the health visitor regularly and share information about any concerns they had with children under five, and their parents. They worked with the district nurses regularly. Although the practice met with the Chronic Obstructive Pulmonary Disease (COPD) nurses and the palliative care team, this was irregular and could be further developed in order to promote joint working.

The service also referred older people to a rapid assessment unit at Chase farm Hospital where older people were seen on the same day without attending accident and emergency.

The practice received alerts from the OOH service on all attendees. There was a system in place for the doctor to send messages to patients who had attended accident and emergency appropriately.

Health, promotion and prevention

The practice engaged in screening programs such as cervical smears, vaccinations and screening for the over 70's for shingles. The practice referred patients to the smoking cessation clinic and local sexual health clinics. People told us that they were routinely given healthy eating advice where required. There was a well person clinic available where health checks were completed which covered issues such as diet, exercise, weight, height and blood pressure.

Are services caring?

Summary of findings

The practice offered a service that was caring and ensured patients were treated with dignity and respect. We observed staff speaking to patients in a polite and professional manner over the phone and in person. Reception staff told us that they chaperoned when requested as all three doctors that worked at the practice were male.

There were arrangements in place to support people who had a recent bereavement. People told us they were satisfied with the care they received and that the felt involved in making decisions about their care or treatment.

Our findings

Respect, dignity, compassion and empathy

People's privacy, dignity and independence were respected. Staff had received training on patient dignity and maintaining confidentiality. We observed that staff spoke to people in a polite manner and promptly acknowledged people when they reported at reception. Staff spoke in soft tones so we could not overhear telephone conversations. People told us they were treated with dignity and respect. Some had been coming to the practice for years because they felt the GP and staff were caring and met their needs. People said they never felt rushed and thought that the GPs took time to listen to and address their concerns.

Staff told us they chaperoned female patients upon request as there were only male GPs at the practice and that they had attended training recently and begun to document in the patient notes each time they chaperoned. We reviewed the Chaperone policy and found what staff told us was in line with the practice's policy.

The practice sent out bereavement cards to people who had lost loved ones and sometimes the lead GP would go and visit the family. They also supported carers to access support from carers' groups. Carers were flagged up on electronic system and referred onwards to Enfield carers The manager had also sourced specific support for parents who had lost children or babies.

Involvement in decisions and consent

Patients expressed their views and were involved in making decisions about their care and treatment. Patients felt involved in their care and gave examples of how choice was promoted and how staff explained any changes to care or treatment in a way they could understand. Some said they had been given leaflets and others said they had been referred to specific websites or support groups.

Patients thought there was good communication between the practice and the local hospitals and were kept informed of results of tests requested.

The practice completed online patient satisfaction surveys as well as annual satisfaction surveys. The last survey had been completed in March 2014. 50 people responded and they were satisfied with the care they received. The only recommendation was to publicise the telephone consultation service

Are services caring?

The practice had systems in place to cater for speakers of other languages including Spanish and Tamil. There was a Turkish interpreter available in the morning where required as well as language line. Speakers of other languages could also bring a family member to interpret on their behalf with their consent. Information was also available in other languages when requested otherwise pictorial leaflets were used which were predominantly in English.

Clinical staff were aware of mental capacity issues and gave examples of how they assessed patients for capacity and referred people for specialists. All staff had some training on the Mental Capacity Act 2005 and demonstrated knowledge of how to deal with people who lacked capacity in order to ensure that their best interests were protected. Clinical staff could explain where they would use the Gillick competence test when providing treatment to children in their early teens. Parental consent was sought before administering treatment to children.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice was responsive to the needs of the population it served. Patients told us that they came to the practice as they could see the same doctor all the time and they felt that the doctors understood their needs and gave them enough time during consultations.

Appointments were usually available the same day or the next day. There were extended opening hours every Monday to ensure that the working patients could access appointments as well as telephone consultation between 12:30 and 13:00 daily. Patients were happy with the practice opening times and told us they knew the procedure to follow if they needed to make a complaint or a comment in person online. Complaints and concerns were responded to in a timely manner and resolved amicably.

Our findings

Responding to and meeting people's needs

The practice was responsive to the needs of the patients. They worked with other practices to meet the needs of the population served. For example sexual health services were available at nearby practices. A hearing loop was available for people who were hard of hearing. Provision was made for patients who could not speak English especially those who spoke Spanish. Tamil and Turkish as these were the main languages spoken by the non-English speaking population registered at the practice. The practice was accessible for wheelchair users.

Access to the service

People told us they could get through to the surgery on the telephone if they wanted to book appointments and although they waited a bit during busy times, they usually got an appointment the same day. There were extended opening hours every Monday to ensure that the working patients could access appointments as well as telephone consultation between 12:30 and 13:00 daily.

A flexible appointment service which could offer longer appointment times for patients with communication difficulties was in place. People choose whether to report to reception on arrival or to use the self check in service machine that was available in several languages including Spanish, Polish and Turkish.

Concerns and complaints

People told us that they were aware that they were to contact the practice manager if they had any concerns. However, most people told us that their complaints were usually resolved by reception staff or the GP. The complaints procedure was clearly documented and staff knew the procedure to follow following a formal complaint.

The complaints procedure outlined response and acknowledgment times and the procedure to follow if the practice could not resolve the complaint. There were two recent complaints. On had been fully resolved and the other was on-going but had resulted in changes in the way in which flu and pneumococcal vaccines were offered. Following a complaint where a patient felt rushed into making a decision about a vaccination, patients were now given information leaflets and were only offered the vaccine if they had read and understood the benefits and the risks of such vaccines.

Are services responsive to people's needs?

(for example, to feedback?)

People could leave their comments in a suggestion box that was checked monthly by the practice manager. People could also leave feedback about their experience, using a link on the practice website, which was also reviewed monthly by the practice manager.

Are services well-led?

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

Summary of findings

The practice had a democratic leadership approach and due to its small size and staff said it felt more like a "family". Both clinical and non clinical staff felt that the doctors were supportive and that there were given opportunities to attend training sessions. Staff said they were able to raise concerns about their work without fear.

Governance arrangements were in place. The practice manager had general oversight and responsibility for ensuring staff training, policies and procedures were kept up to date whilst the lead GP was the clinical lead.

There were systems in place to manage and identify risk and ensure that staff learned from incidents in order to improve the quality of care delivered. The practice sought the views of patients through the PPG comments box and patient satisfaction surveys. The practice made changes in response to suggestions.

Our findings

Leadership and culture

The practice had a democratic leadership approach and due to its small size staff said it felt more like a "family". Staff were aware of the vision which was to provide the best service possible, ensuring person centred care as well as continuity of care. Staff told us that the GP lead was open and encouraged all staff at meetings to run with the vision and ensure patients got an appointment with their preferred GP where possible. The lead GP was confident that staff could approach him to discuss untoward incidents as there was a "no blame" culture. Staff we spoke to confirmed this.

Governance arrangements

There were clear reporting structures in place with the lead GP being the clinical lead. The practice manager had general oversight and responsibility for ensuring staff training, policies and procedures were kept up to date. Complaints were monitored in case recurrent themes occurred which would then be shared with the team. Staff were aware of how and where to report incidents. There were procedures in place to manage poor performance. The practice worked with the OOH service and received daily faxes about patients that had attended.

Systems to monitor and improve quality and improvement

The practice monitored incidents, complaints and completed audits in order to improve the quality of care delivered. The practice participated in external peer review and audit of prescribing of various medications such as lipid lowering medications and non-steroidal anti-inflammatory medications**.** These were completed annually and compared with other previous performance. Other audits were saw were on whether all people with a learning disability had received a health check and another on the use of contraceptives in women with epilepsy.

Patient experience and involvement

There was an active patient participation group (PPG) which met every three months. We reviewed minutes from a PPG meeting held in May 2014 and found that issues such as promoting choice and staff wearing name badges were discussed. The practice had taken on board feedback from

Are services well-led?

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

the PPG and had recently purchased a self-service check in station where patients could check themselves in on arrival and an electronic system to announce the next patient to be seen.

Staff engagement and involvement

Both clinical and non clinical staff felt that the doctors were supportive and that there were given opportunities to attend training sessions. Staff were aware of the whistleblowing policy and said they were able to raise concerns about their work without fear. The lead GP accepted feedback from staff and sought their feedback at staff meetings and as and when decisions needed to be made.

Learning and improvement

Staff were encouraged to attend relevant courses in order to gain skills that could improve patient care. Appraisals were completed annually including personal development plans. Staff we spoke to confirmed this. Clinical staff had gained specialist knowledge from an external nurse who had reviewed inhaler techniques and inhaler prescribing to ensure better patient outcomes and cost effectiveness.

Identification and management of risk

The practice promoted a culture of learning involving all team members. Identified risks were escalated by use of email alerts and monthly team meetings. External practitioners were brought in to improve care and provide specialist input for respiratory patients and for people with substance misuse problems. The practice had three male GPS, a practice manager and a nurse. Locums were rarely used. The three GPs covered for each other during sickness. Staff had allocated holidays and annual leave was covered by other permanent staff. The lead GP completed the induction program for new GPs whilst the practice manager completed the induction program for administration staff. Two out of the three GPs told us they had up to date appraisals and were due for revalidation in 2015.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The practice ensured that the 122 older patients registered at the practice received safe and effective care that was responsive to their needs. All over 75s had a named GP or were in the process of being assigned a named GP. Home visits were also offered when required. One GP also provided a service to a local care home every Wednesday.

The service also referred older people to a rapid assessment unit at Chase farm Hospital where older people were seen on the same day without attending accident and emergency.

Staff treated people with dignity and respect and helped people with mobility difficulties.

Our findings

Care and treatment was assessed and delivered in a safe manner. Patients were assessed and referred appropriately for issues such as for falls prevention. Continence assessments requests were forwarded to the district nurses who liaised with patients to ensure they received products that met their needs. Dieticians carried out audits on patients who were prescribed oral supplements to ensure people were getting adequate nutritional intake. People with urgent issues were also referred to the rapid assessment for older people unit recently opened at Chase Farm hospital.

There were effective systems in place to ensure that older people were treated and reviewed appropriately by a named doctor. The practice also offered a review and assessment service to a local care home every Wednesday. Staff demonstrated how they treated people with dignity and respect regardless of age. During our visit we saw staff assisting a person who used mobility aids.

The practice offered a home visit service for patients who had reduced mobility and were unable to come to the surgery. Staff told us that they also offered advice and support on how to access home help from the local authority. A flu vaccination service was also offered as a preventative measure between October and February annually.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The practice was providing a safe, effective service that was responsive to the needs of the 1193 patients with long term conditions registered at the practice. A diabetic clinic was run on a shared care basis in conjunction with the diabetic service at another Enfield practice in addition to the annual review offered by the nurse and the optometry review.

Patients were able to use the "choose and book system", for non urgent referrals and advised if possible to take the first appointment for more urgent conditions. A cardiac disease and stroke prevention clinic was organised for patients with a family history of heart disease.

Our findings

The practice provided a safe service for people with long term conditions such as diabetes and cardio vascular disease. Opportunistic screening was also completed to check for hypertension and obesity as well as offering smoking cessation service referrals. Annual health checks for patients with diabetes including HbA1c (a blood test that shows the average glucose levels over a period of 2-3 months) as well as eye and feet checks were offered in line with national guidance. Patients told us that their medication was reviewed regularly and any changes needed were always explained to them.

We observed staff treating people with dignity and respect and speaking to people in a polite, pleasant manner. People told us that they had a good relationship with their GP and the nurse and that they usually booked their next check-up appointment before they left, to ensure their condition was monitored appropriately.

Clinical staff told us that they assessed people according to national guidelines and that they completed audits regularly to ensure that they learnt from practice and made improvements as required. They worked in partnership with other professionals such as dieticians, physiotherapists, and district nurses to provide a holistic service. We saw recommendations implemented by a prescribing support dietician following an audit of the use of oral nutrition supplements and an email that had been sent to clinical staff to ensure they read and adhered to the recommendations.

The practice ensured it made provision to ensure that people with conditions such as diabetes and asthma had access to support groups and clinics run by other GP surgeries in Enfield. People told us that they were happy

People with long term conditions

with the opening times and that they were pleased that the GP and the nurse offered a phlebotomy service which meant they did not have to travel to another practice to have a blood test.

There were structures in place to ensure that people with long term conditions received appropriate annual health checks and referrals to other clinics when the practice could not presently offer clinics. The practice had regular team meetings in order to update everyone and ensure all staff knew the arrangements in place to support people with long-term conditions.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The Town surgery currently cared for 57 expecting mothers, 175 babies, 635 children and 110 young people. The practice provided a safe and effective service which offered a midwifery clinic at the practice once a week, vaccination services, child development checks, six weeks post natal checks and smear tests.

A chaperone system was in place when requested as the practice had predominantly male GPs.

Our findings

Mothers, children, babies and young people were offered care and treatment that was safe and delivered by staff who adhered to national guidance. Patients were offered assessment and information/advice on a range of issues including breast feeding, immunisations, cervical smears and developmental checks. Young people were also assessed on weight issues such as obesity and eating disorders.

The Town Surgery staff and the care was described by patients as very understanding, caring and compassionate. Mothers told us they felt involved making informed choices for their babies. The Surgery was in the process of working with a charity to offer services for parents who had recently lost a baby/child.

Staff had appropriate training and were aware of the clinical leads. Staff told us that they had a policy to check with the parents if a young child came for an appointment unaccompanied to ensure that the child was allowed to come alone. Understanding was always checked before a young child left to ensure they understood care treatment or advice advised.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The Town Surgery was providing a service that was safe, effective and met the needs of the 2323 working age patients or recently retired patients registered at the surgery.

Extended opening times on a Monday were offered to enable patients who work to access evening appointments. A telephone consultation service between 1230 and 1300 daily was also available for working patients to access during their lunch break. A travel vaccine service was also offered as well as information and support about lifestyle issues such as healthy eating and smoking cessation. A diabetic clinic was run on a shared care basis in conjunction with the diabetic service at another Enfield practice in addition to the annual review offered by the nurse and the optometry review.

Our findings

Working age patients and patients recently retired were referred appropriately to secondary care with the opportunity to choose which hospital they wanted to attend.

The Town Surgery provided an effective service where care was given by staff who were trained and up to date with practice. Patients were referred to other services in Enfield where required, such as smoking cessation, substance misuse or eating disorders.

Patients told us that they were treated with dignity and respect and felt involved in the care they received. Some gave examples of when they needed surgery and how the GP had supported them to make that choice by giving advice and supporting information.

An extended opening time till 20.00 on Mondays was offered in order to accommodate working patients and the recently retired. Patients told us that the repeat prescription process was efficient and they preferred the new location of the prescription box, which was located at the entrance door instead of at the main reception of the practice.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

The Town surgery provided care for 11 patients who were vulnerable and may have poor access to primary care in a safe and effective manner. There were systems in place to ensure that this population group could access the service. A flexible appointment service which could offer longer appointment times for patients with communication difficulties was in place.

Staff were aware of how to respond to vulnerable patients including the homeless and those with a learning disability. A register for patients with learning disabilities was maintained to ensure that annual health check was offered as well as support for the main carers.

Our findings

There were procedures in place to ensure that vulnerable patients were treated safely. Staff had all completed safeguarding vulnerable adults and children training, were aware of the safeguarding lead and the procedure to follow in the event of suspected abuse.

Staff told us that they valued all patients and told us how they ensured extra appointment times were given to people with learning disability or with communication difficulties. The practice treated patients from a local learning disabilities care home, who always attended with a carer. The practice kept relevant registers for vulnerable patients including those with learning disabilities and palliative care needs. We reviewed both the palliative care and the learning disability register and found that they were regularly maintained, with people being called in for annual health checks.

Staff told us that they had a system in place to flag up carers so that they could receive support when needed. There was a system in place that identified patients who needed an interpreter at the time of booking. This enabled staff to ensure an interpreter was booked where required or a family member/carer was available to translate on the day of the appointment.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The practice cared for 53 patients with various mental health conditions. There were no specialist services for people with mental health conditions provided at the practice. However, staff were aware of the various services in the borough and told and showed us leaflets they gave to patients who required support. They provided a safe service where annual health checks were offered and referrals to clinics run by other practices in Enfield including the Enfield Improving Access to Psychological Therapies (IAPT) service.

Our findings

Care and treatment was delivered safely for people with mental health conditions. Appropriate assessments and regular checks and reviews of medications were offered as well as referral to other agencies that offered support to people with mental health conditions.

There was a service for substance misuse organised at the surgery in conjunction with a substance misuse worker who conducted a weekly clinic.

Staff told us how they responded to people without discrimination and told us that they would always be polite and respectful to all patients. Staff had an awareness of the Mental Capacity Act 2005 and said they always checked with the person and staff or carer if a known patient who usually came accompanied, arrived without support or without an appointment. People suffering from depression, stress or anxiety were referred with their consent to the Enfield IAPT service.