

Chalfont Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Chalfont Road Surgery on 14 January 2016. Overall the practice is rated as requires improvement.

Since 1 August 2015, Chalfont Road Surgery has been managed by Evergreen Primary Care under a temporary caretaking agreement with NHS England. The agreement terminates on 30 April 2016. Evergreen Primary Care has employed two long term locum GPs and seconded a salaried GP, who is designated as senior GP for the practice. Evergreen Primary Care's Medical Director provides clinical support and supervision to the designated senior GP.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near

misses. However, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

- Risks to patients were assessed and well managed with the exception of those relating to infection prevention and control; and risks associated with staff not having received mandatory training such as annual basic life support training.
- Data showed patient outcomes were above average compared to the locality and nationally.
- Audits had been carried out and we saw evidence of how they were used to improve patient outcomes but there were no systems in place for results to be monitored, shared or discussed with clinical staff.
- Patients said they were treated with compassion, dignity and respect and that they felt cared for, supported and listened to.
- Information about services was generally available.
- Urgent appointments were usually available on the day they were requested.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some of these had not been specifically produced for the practice.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvement are:

- Introduce a system for regularly checking the practice's emergency oxygen.
- Introduce a cleaning schedule for specific equipment such as nebuliser and ear irrigator.
- Review arrangements for monitoring cleaning undertaken by the provider's external cleaning contractor.
- Ensure that all staff undertake mandatory training including infection prevention and control training; and annual basic life support training.

- Review its significant events systems to ensure that learning is being shared and used to continuously improve patient safety.
- Ensure that all clinical staff receive an annual appraisal.

The areas where the provider should make improvement are:

- Ensure that regular fire drills take place.
- Ensure there is a record of clinical meeting discussions, so as to monitor progress and reflect on patient outcomes achieved.
- Review systems in place for identifying and supporting carers.
- Review systems in place for analysing complaints and sharing learning amongst staff.

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 requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- For example, staff had not undertaken infection prevention and control training, cleaning schedules were not in place for clinical equipment, one of the clinical staff had not received an annual appraisal and there were no systems in place to regularly check emergency oxygen. We also noted that one clinical staff member and seven non clinical staff members had not undertaken basic life support training within the last 12 months.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 knowledge and experience to deliver effective care and treatment.
- With the exception of one clinical staff member, there was evidence of annual appraisals for staff

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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- 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 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 was 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. However, there were no arrangements in place to formally share learning from complaints with staff.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The arrangements for performance management were limited. For example, there were no systems in place for practice staff to regularly review QOF performance.
- A programme of continuous clinical and internal audit was used to make improvements but there were no systems for results to be monitored, shared or discussed with clinical staff.
- The practice had a number of policies and procedures to govern activity, but some of these (such as the Locum Induction Document) had not been specifically produced for the practice.

Requires improvement



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 provider was rated as requires improvement for the care of older people; and was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- 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.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for the care of people with long-term conditions; and was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice told us how it had worked to improve outcomes for long term conditions such as diabetes. For example, it had introduced clinical software to support the recall of patients with long term conditions and to identify possible uncoded or undiagnosed patients with long term conditions.
- Under the previous provider, in 2014/15 89% . As of 14 January 2016, the current provider's performance was 84% and it was projected that the year end 2015/16 performance would see an improvement.
- Under the previous provider, in 2014/15, 86% of patients on the practice's asthma register had had an asthma review in the preceding 12 months. As of 14 January 2016, the current provider's performance was 69% and it was projected that the year end 2015/16 performance would see an improvement.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

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, a named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider was rated as requires improvement for the care of families, children and young people; and was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- 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 comparable to CCG averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the national average. The practice had the support of bi-lingual childhood vaccination and cervical cytology co-ordinators employed by Evergreen Primary Care. Since their introduction in August 2015, cervical screening uptake rates had increased.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for the care of working-age people (including those recently retired and students); and was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- 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.

Requires improvement



Summary of findings

- 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.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for the care of people whose circumstances may make them vulnerable; and was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for the care of people experiencing poor mental health (including people with dementia); and was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- Under the previous provider, in 2014/15 all of the . As of 14 January 2016, two patients (40%) and it was projected that the year end 2015/16 performance would equal 2014/15.
- Under the previous provider, in 2014/15 90with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the preceding 12 months. As of 14 January 2016, the current provider's performance was 59% (23 patients) and it was projected that the year end 2015/16 performance would see an improvement.
- The practice carried out advance care planning for patients with dementia.

Requires improvement



Summary of findings

- The practice had systems in place to advise 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015 and the results relate to the periods July-September 2014 and January-March 2015. We noted that Evergreen Primary Care added Chalfont Road Surgery to their CQC registration in August 2015 as caretaker for the practice.

The GP patient survey results were positive but highlighted that the practice was performing below local and national averages. Four hundred and thirty two survey forms were distributed and 96 were returned. This represented a response rate of 22%.

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 72% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 74% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).

- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 72%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. These were also positive about the service provided; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We spoke with three patients during the inspection including a patient participation group member. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Introduce a system for regularly checking the practice's emergency oxygen.
- Introduce a cleaning schedule for specific equipment such as nebuliser and ear irrigator.
- Review arrangements for monitoring cleaning undertaken by the provider's external cleaning contractor.
- Ensure that all staff undertake mandatory training including infection prevention and control training; and annual basic life support training.
- Review its significant events systems to ensure that learning is being shared and used to continuously improve patient safety.

- Ensure that all clinical staff receive an annual appraisal.

Action the service **SHOULD** take to improve

- Ensure that regular fire drills take place.
- Ensure there is a record of clinical meeting discussions, so as to monitor progress and reflect on patient outcomes achieved.
- Review systems in place for identifying and supporting carers.
- Review systems in place for analysing complaints and sharing learning amongst staff.

Chalfont Road Surgery

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, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Chalfont Road Surgery

Chalfont Road Surgery is located in Enfield, North London. The practice has a patient list of approximately 4,600. Twenty two percent of patients are aged under 18 (compared to the national practice average of 15%) and 7% are 65 or older (compared to the national practice average of 17%). Forty five percent of patients have a long-standing health condition and practice records showed that 2% of its practice list had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises one male seconded salaried GP and two long term locum GPs (one male and one female) who provide 18 sessions a week, a female practice nurse (5 sessions per week), part time practice manager, part time deputy practice manager and administrative/reception staff. The practice holds a General Medical Service (GMS) caretaking contract with NHS England which is due to expire on 30 April 2016. We were told that one of the long term locum GPs was a partner at the provider organisation which had previously held the GMS contract.

The practice's opening hours are:

- Monday-Friday: 8am-6.30pm
- Saturday: 9am-1pm

Appointments are available at the following times:

- Monday-Friday: 9am-6pm
- Saturday: 9am-1pm

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

The practice is registered to provide the following regulated activities which we inspected: family planning, treatment of disease, disorder or injury; diagnostic and screening procedures; and maternity and midwifery services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

Detailed findings

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 14 January 2016. During our visit we:

- Spoke with a range of staff (including locum GPs, practice manager, deputy practice manager, receptionist and Evergreen Primary Care's Medical Director) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a 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)

Since 1 August 2015, Chalfont Road Surgery has been managed by Evergreen Primary Care under a temporary caretaking agreement with NHS England, which terminates on 30 April 2016. Chalfont Road Surgery is therefore currently registered as an additional location of Evergreen Surgery's CQC registration.

GP patient survey results referred to in this report relate to the July 2015 results which cover the periods July-September 2014 and January-March 2015 prior to the current provider taking over the practice.

Please note that when referring to Quality and Outcomes Framework data information throughout this report, it relates to 1 April 2014– 31 March 2015: the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

When we looked at the practice's systems for reporting and recording significant events we noted that when things went wrong, reviews and investigations were not sufficiently thorough and did not include all relevant people.

- For example, 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. Also, significant event analyses were informal and we noted that the practice did not hold staff team meetings where learning from significant events could be shared.

The practice's significant events log showed that three significant events had been recorded since August 2015. For example, following the unexpected death of a vulnerable patient, the need for any unexpected death to be understood and discussed by clinicians was noted as a learning point. However, the practice did not hold formal team meetings where such a discussion could take place. Another significant event related to a cancer diagnosis but there was no evidence that a discussion had taken place to see whether opportunities for an earlier diagnosis had been missed.

We also noted that all the significant events recorded were of a clinical nature. However, when we looked at complaints records we noted that the two complaints received since August 2015 related to administrative errors which had compromised patient confidentiality and potentially compromised patient safety. The two complaints related to a delayed patient referral and the erroneous circulation of a patient record to a local authority. They both appeared to constitute significant events.

Overview of safety systems and processes

We looked at the practice's systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the practice nurse were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse and reception staff undertook chaperone duties and had received Disclosure and Barring Service (DBS) checks. (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 senior locum GP was the infection prevention and control clinical lead although records showed that they (and other staff) had not attended infection prevention and control training. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We observed the premises overall to be clean and tidy although excessive dust had accumulated on skirting boards in one of the clinical rooms. The practice had commissioned an external cleaning contractor in September 2015 but we could not be assured that regular monitoring was taking place. We also noted that cleaning schedules were not in place for the practice's nebuliser and ear irrigation equipment.
- The arrangements for managing medicines, including vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. PGDs are 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 five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

We looked at arrangements in place to ensure that risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had undertaken a fire risk assessment in October 2015 and staff had attended fire marshal training in December 2015. We were told that fire drills would shortly commence. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had taken place within the last 12 months. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and Legionella (a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

We looked at arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- One of the clinical staff team and seven of the practice's non clinical staff team had not received annual basic life support training within in the last 12 months.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was 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, fit for use and regularly checked. However, there was no system in place for regularly checking the emergency oxygen.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage and civil unrest. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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 (we noted that the QOF data we reviewed related to the period 1 April 2014– 31 March 2015 and that the provider had been managing Chalfont Road Surgery since 1 August 2015).

The most recent published results were 95% of the total number of points available, with 13% 'exception reporting': 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. Practice data as at 14 January 2016 showed:

- Performance for diabetes related indicators was 50% (which was 24% below the 2014/15 CCG average and 19% below the 2014/15 national average).
- Performance for hypertension related indicators was 69%; which was 26% below the CCG average and 29% below the national average.
- Performance for mental health related indicators was 79%; which was 11% below the CCG average and 13% below the national average.

The practice told us how it had worked to improve outcomes for long term conditions such as diabetes. For example, it had introduced clinical software to support the recall of patients with long term conditions and to identify possible uncoded or undiagnosed patients with long term conditions. The system was used to send

reminder letters and text messages; and reminders on prescriptions to patients who required blood tests or reviews. Patients contacting the surgery were given appointments with a GP or, where appropriate, the practice nurse for an assessment of their current status and management.

The practice showed us its latest QOF performance on diabetic care and we noted that it was on target to improve on past performance. For example, under the previous practice, by 31 March 2015, 89% of diabetic patients had been identified as having chronic kidney disease and were receiving treatment. As of 14 January 2016, the current practice's performance was 84% and it was projected that the year end 2015/16 percentage would be an improvement on the previous practice's performance.

Prior to our inspection we noted that the expected versus actual prevalence of coronary heart disease was low compared to the CCG and national averages. The practice told us that this was attributable to a combination of a younger population, pre August 2015 incorrect clinical coding and pre August 2015 delayed referrals. Records showed that the practice was aware of this issue and was reviewing patient records to further investigate.

Clinical audits demonstrated quality improvement.

- The practice participated in local audits and national benchmarking.
- There had been two clinical audits completed since August 2015, both of these were completed audits where the improvements made were implemented and monitored.

For example, one audit assessed whether, contrary to best practice, antibiotics were being placed on repeat prescription. The first cycle of the audit identified 15 patients on repeat prescription. The audit results were reviewed and actions included removing antibiotics not in use (or where there was no clear indication for use) from the repeat prescription. In total, four patients had their antibiotics stopped with 11 patients permitted to continue with antibiotics on repeat but with controls applied. A reaudit in December 2015 highlighted that of the 10 patients identified, 9 had been identified in the original

Are services effective?

(for example, treatment is effective)

audit and that the tenth patient's antibiotic prescribing was clinically appropriate. However, there were no systems in place for clinicians to formally meet to reflect on audit outcomes and identify further improvement areas.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as 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. The records of the practice nurse highlighted how they stayed up to date with developments in cervical cytology.
- The learning needs of staff were identified through a system of appraisals, management meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff (with the exception of one clinical member of staff) had had an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire procedures and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. The practice told us that due to limited staffing resources, the local health visiting, end of life nursing and district nursing teams had not been able to attend multi-disciplinary team meetings at the practice but we saw evidence that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80% which was comparable to 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. We were told that it had accessed the support of a cervical cytology co-ordinator employed by Evergreen Primary Care and that this had contributed towards improved cervical screening uptake rates.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to local CCG averages. Latest available

Are services effective?

(for example, treatment is effective)

childhood immunisation rates (October– December 2015) for the vaccinations given to under two year olds was 62% and for five year olds ranged from 52%-91%. Latest available CCG childhood immunisation rates (April 2014–March 2015) were respectively 11%-80% and 65%-86%.

The practice told us that when running the October-December 2015 searches, they relied predominantly on the data entered into the clinical system by the previous contractor when the recording of immunisations and data collection on new patients was not being carried out in a consistent manner. They therefore could not confirm that every relevant clinical code had been included in the searches.

Flu vaccination rates for the over 65s were 64% and at risk groups 51%. These were comparable to CCG and national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 17 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.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 78% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 76% said the GP gave them enough time (CCG average 82%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).

- 74% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 74% said they found the receptionists at the practice helpful (CCG average 75%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%).
- 66% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

The Medical Director told us that they had reviewed the survey responses and were addressing lower scoring areas with additional training and support to staff.

Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with Enfield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, in October 2015, it had participated in a CCG led disability access audit.

- The practice had recently introduced a 'Commuter's Clinic' on Saturday mornings and telephone consultations for working patients, carers and others who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and interpreting services available. The reception desk was lowered to enable interaction with wheelchair users and children in a dignified manner.
- All patient services were located on the ground floor.
- The practice had recently recruited a female GP to improve access to gender specific consultation requests.
- The practice was able to access the support of bi-lingual childhood vaccination and cervical cytology co-ordinators.
- On line appointment booking and repeat prescription facilities were available.

Access to the service

The practice's opening hours are:

- Monday-Friday: 8am-6.30pm
- Saturday: 9am-1pm

Appointments are available at the following times:

- Monday-Friday: 9am-6pm
- Saturday: 9am-1pm

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

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.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 56% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had also recently introduced a range of measures to improve appointment access such as on line appointment booking, on line repeat prescriptions, telephone consultations, Saturday morning clinics and all day Thursday opening.

Listening and learning from concerns and complaints

We looked at the practice's systems for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters, patient information leaflet and information on the practice website.

We looked at two complaints received since August 2015 and found these were satisfactorily handled and dealt with in a timely way.

One complaint related to a referral which had been delayed and then declined because the practice had failed to complete an accompanying form which would have highlighted the patient's ineligibility. The learning from this complaint was that clinicians should advise patients about

Are services responsive to people's needs? (for example, to feedback?)

the restrictions on some procedures and ensure that all necessary accompanying paperwork is completed. However, there was no evidence that learning had been formally shared with other staff members and used to improve the quality of care.

We also noted that when patients made complaints they were recorded on their clinical records in a manner which prevented practice wide analyses of the type of complaints received.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice's vision was to provide high quality personal health care and to tackle local health inequality. Staff had a clear understanding of how their roles contributed towards this vision.

Governance arrangements

Governance arrangements did not always support the delivery of high-quality person-centred care.

- There were no systems in place for the results of clinical audits to be monitored, shared and discussed with clinical staff.
- The arrangements for performance management were limited. For example, there were no systems in place for the practice's clinical staff to regularly review QOF performance.
- Some policies (such as the Locum Induction Document) had not been produced specifically for the practice.
- Systems for sharing learning from significant events and maintaining patient safety were not sufficiently thorough; and the lack of infection prevention and control training increased infection risks to patients and staff.

The Medical Director for the provider told us they had undertaken a risk analysis exercise to target those areas where they felt patient safety was most at risk. For example, they had identified that the pre August 2015 systems for maintaining disease registers were inadequate. They therefore interrogated the practice's clinical system to identify possibly uncoded or undiagnosed patients with long term conditions. The practice had also undertaken clinical audits to identify patients on Controlled Drugs repeat prescription and undertaken a wider review of all patients on repeat prescriptions.

Leadership and culture

Evergreen Primary Care had employed two long term locum GPs and seconded a salaried GP who was designated as senior GP for the practice.

The senior GP had the experience and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. Staff told us that the GP and Evergreen Primary Care GP partners were visible in the

practice and they were approachable and always took the time to listen to all members of staff. The senior locum GP worked four days per week at the practice. During this time, as well as clinical activity, they led on a range of governance areas including safeguarding and infection prevention and control.

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

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

- Staff told us they did not have regular staff meetings but there was an open culture and they had the opportunity to raise any issues informally with the management team and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the management team in the practice. They were informally involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which submitted proposals for improvements to the practice management team. For example, telephone consultations, all day Thursday opening, Saturday morning clinics and a female GP had been introduced following discussion with the PPG.
- The practice had gathered feedback from staff through appraisals and informal staff discussion. Staff told us they would not hesitate to give feedback and discuss

Are services well-led?

Requires improvement



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

any concerns or issues with colleagues and management. They felt involved and engaged in improving how the practice was run and told us they felt positive about the future direction of the practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by:</p> <ul style="list-style-type: none">• Failing to introduce cleaning schedules for specific equipment such as nebuliser and ear irrigator.• Failing to ensure that clinical and non clinical staff had received annual basic life support training.• Failing to ensure that all clinical staff had received an annual appraisal.• Failing to ensure that there was a system in place to regularly check the practice's emergency oxygen.• Failing to ensure that appropriate arrangements were in place for monitoring the cleaning undertaken by the provider's external cleaning contractor.• Failing to ensure that all staff had undertaken mandatory training such as annual basic life support training; and infection prevention and control training. <p>This was in breach of Regulation 12(1)(2)(a)(b)(c)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA 2008 (Regulated Activities)
Regulations 2014

Good governance

How the regulation was not being met:

The provider did not do all that was reasonably practicable to ensure that persons employed by the service provider received appropriate support by:

- Failing to ensure that significant events reporting was thorough enough and lessons learned were communicated widely enough to support improvement.

This was in breach of regulation 17 (1)(2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.