

Dr Elizabeth Young

Quality Report

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Date of inspection visit: 25 February 2016
Date of publication: 10/05/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 25 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said it was easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was an active patient participation group.

The areas where the practice should make improvement are:

- Arranging refresher training in relation to the Mental Capacity Act and regarding obtaining children's consent to care and treatment.
- Formalising practice staff meetings and fully recording the discussions.
- Continuing with plans to set up a practice website.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that the practice was performing above average when compared to practices nationally and in the local area.
- Staff assessed needs and delivered care in line with current evidence based guidance. The Provider agreed to arrange for refresher training relating to the Mental Capacity Act and children's consent to care and treatment.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Results from the National GP Patient Survey were comparable with local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information on how to make a complaint was available and easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern its activity and these were regularly reviewed.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Records showed that 271 patients, being 89% of those prescribed more than four medications, had received a structured annual review
- Records showed that 218 patients had been offered cognition testing.
- The practice maintained a register of 43 patients at risk of admission to hospital, all of whom had had their care plans reviewed.
- The flu vaccination rate for older people was above the national average.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained a register of 104 patients on the diabetes register, of whom 93 had received an annual eye check and a foot check.
- All 17 patients on the practice's heart failure register had had a medication review.
- Longer appointments and home visits were available when needed.
- The flu vaccination rate for at risk patients was higher than the national average.
- All patients with long term conditions were audited monthly by the Provider.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months was above the national average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. The Provider agreed to arrange suitable refresher training in relation to obtaining children's consent to treatment.
- The rate of uptake for cervical screening tests was above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, district nurses and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice maintained registers of vulnerable adults and vulnerable children. Homeless patients could register at the practice address to receive health care related correspondence.
- The practice had a register of 8 patients with learning disabilities, all of whom had had an annual assessment and care plan review.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Advanced care planning was done in relation to all of the seven
- The practice maintained a register of 31 patients with schizophrenia, bipolar affective disorder and other psychoses for whom a comprehensive, agreed care plan was documented in the record, in the preceding 12 months. This was above the national average. Twenty nine of the patients had received an annual health check; the remaining two had been invited.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a generally good understanding of how to support patients with mental health needs and dementia, although the need for refresher training was identified and agreed by the Provider.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016 and related to the period January - March 2015 and July - September 2015. The results for the practice were above local and national averages. A total of 327 survey forms were distributed and 112 (34%) were returned. This represented roughly 4.5% of the practice's patient list of 2,524 patients.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, 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 38 comment cards, all of which were very positive about the staff, service and the standard of care received. Comments included that it was easy to get appointments and that prescriptions were never delayed. Patients said that staff were caring and friendly and that they "always make the time to listen". General comments were that the practice was "excellent", "impressive" and "high quality".

We spoke with three patients during the inspection. They told us they were very happy with the care they received and were very complimentary about all the staff at the practice.

Results from the NHS Choices Friends and Families Test showed that 95% of the 19 patients who responded would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Arrange refresher training in relation to the Mental Capacity Act and regarding obtaining children's consent to care and treatment.
- Formalise practice staff meetings and fully record the discussions.
- Continue with plans to set up a practice website.

Dr Elizabeth Young

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 Dr Elizabeth Young

Dr Elizabeth Young (“the Provider”) operates from the Allenson House Medical Centre, Weston Park, Crouch End, London N8 9TB.

The practice provides NHS services through a General Medical Services (GMS) contract to 2,524 patients. It is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 45 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures.

The patient profile for the CCG area has a higher number of working age adults than the national average, with fewer older patients and younger people aged under-19. Data provided by the practice gave a breakdown of the patient list as follows: 0 - 16years, 336 patients (14% of the practice population); 16 – 65 years, 1,926 patients (76%); 65 years and over, 252 patients (10%).

The practice team is made up of the Provider with regular locum GP support and a practice nurse. The practice provides ten clinical sessions per week, with the Provider working six or seven and the remainder being covered by a

locum GP. The practice nurse works part time, six sessions a week. The administrative team comprises a practice manager, an administrator and three receptionists, all of whom worked part time.

The practice’s opening hours are 9.00am to 7.00pm on Monday, Thursday and Friday; 9.00am to 8.00pm on Tuesday; and 8.30am to 7.00pm on Wednesday. Patients may contact the practice by phone between 8.00am and 7.00pm (8.00pm on Tuesday).

The morning surgery hours for booked appointments are 9.30am to 11.30am on Monday, Tuesday, Thursday and Friday and 8.30am on Wednesday. The evening surgery hours for booked appointments are 5.00pm to 6.30pm Monday, Wednesday Thursday and Friday and 5.00pm to 8pm on Tuesday. Provision is made during the booked surgery sessions for patients needing emergency consultations. Telephone consultations and home visits are also available.

Although the practice does not yet have a website, patients can register with the Patient Access service to book appointments online and to order repeat prescriptions.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider.

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

Detailed findings

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.

The practice had not been inspected previously.

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 25 February 2016. During our visit we:

- Spoke with a range of staff, including the Provider, practice nurse, practice manager and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events, which were reviewed quarterly.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We looked at the records of the four significant events occurring during the previous 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw records relating to a prescribing error made by a locum GP, involving two similarly-named drugs. Details of the error were passed on to the locum agency and, although no harm had been done, the locum concerned contacted the patient personally to apologise. The practice identified appropriate learning issues, which included a change to the prescribing protocol to ensure that printed letters and prescription forms were double-checked before issuing. The Provider personally reviewed the case notes of all the patients seen by the locum GP at the practice and provided the notes relating to this for our review. The locum involved no longer worked at the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. We saw that guidance on raising safeguarding concerns were on view in the consulting rooms. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's

welfare. The Provider was the safeguarding lead for the practice and attended safeguarding meetings when possible Reports were always provided where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP and nurse were trained to Safeguarding level 3. The practice records system alerted staff to any concerns, for example children's repeated attendance at Accident and Emergency, and these were discussed at regular six-weekly meetings with health visitors.

- Notices in the waiting area and the consulting rooms informed patients that chaperones were available if required. Chaperoning duties were carried out only by the practice nurse, who had been trained for the role and who had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice confirmed that chaperoning training would be given and up to date DBS checks run for any administrative staff who might be called upon to be chaperones in the nurse's absence.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and patients comments cards mention no concerns over cleanliness. The Provider was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date refresher training. Infection control was included in the induction process for new staff. The practice had a suitable policy on view for dealing with spills and staff knew where the spills kits were located. We saw evidence of annual infection control audits being done in May 2015 and again in February 2016. General cleaning was carried out by one of the reception staff in accordance with written cleaning schedule. We were shown confirmation that curtains in the consulting rooms were cleaned every six months and more frequently if necessary. Medical instruments were single-use and we saw evidence that stocks were monitored. Sharps bins were suitably fitted and labelled and were not overfilled. A protocol for dealing with needle-stick injuries was displayed in the consulting rooms. All the instruments, sterile equipment and dressings we checked were within date and suitable

Are services safe?

for use. There were adequate supplies of personal protective equipment, such as gloves, masks and aprons and patients confirmed these were used appropriately. This included receptionists wearing gloves when handling patients' specimens. All the consulting rooms had sufficient liquid soap and disposable towels. A contract was in place for the removal of clinical waste, which was stored in secure facilities until collected.

- The arrangements for managing medicines, including emergency drugs and 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 nurse to administer medicines in line with legislation. We saw that supplies of medicines and vaccines kept at the premises were appropriately monitored. The supplies were not overstocked, with re-orders being made by the practice nurse every two-to-four weeks. The temperatures of the vaccines fridges were monitored and recorded. There were no controlled drugs kept at the practice.
- Most of the staff had been with the practice for many years. We looked at the personnel file of the most recently appointed staff member and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw evidence that staff members' Hepatitis B immunisation status was recorded.
- 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 due to abnormal results or for whom the tests were inadequate.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw that the most recent check and calibration had been done in February 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. A risk assessment relating to Legionella, a bacterium which can contaminate water supplies, had been carried out with the conclusion that there was little risk as the premises water was heated at source and not stored in a tank. General health and safety assessments had been carried out routinely. The induction process for new staff included appropriate health and safety topics and online refresher training was provided to existing staff.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw evidence of the practice rota system for the part time administration staff to ensure that enough staff were on duty. Both male and female locum GPs worked sessions during the week allowing patients' preferences to be considered.
- Patient safety alerts were received and processed by the practice manager. These were brought to the attention of the clinical staff immediately.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consulting and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. There were emergency medicines securely stored in each consulting room and we saw that these were appropriately checked and the monitoring was recorded. We saw that all were in date and suitable for use.
- The practice had a defibrillator available on the premises, but did not have an oxygen supply. We discussed this with staff and saw that an oxygen cylinder

Are services safe?

with adult and children's masks was ordered during our inspection. We checked and confirmed that the defibrillator pads were within date and that the batteries were charged. The practice also had a general first aid kit and used an accident book to record any injuries sustained.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and made provision for the service to be relocated if the premises were unusable.

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. The provider maintained a record of guidelines issued and ensured that copies were available in the locum GP pack. All work done by locums was reviewed by the Provider.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available, with 2.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed the practice was performing consistently well, with no below-average indicators. For example -

- Performance for diabetes related indicators was 100%, being 18.2% above the CCG average and 10.8% above the national average.
- Performance for hypertension related indicators was 100%, being 4.7% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 88.5%, being 1.4% below the CCG average and 4.3% below the national average.

Clinical audits demonstrated quality improvement

- We saw evidence of five clinical audits conducted in the last two years, of which two were completed audits which led to improvements in care management and patient outcomes. For example, the practice had carried out an audit of patients with hyperthyroidism between 2013 (51 patients) and 2015 (58 patients). Hyperthyroidism is a condition which may lead to hyperactivity, mood swings and sleeplessness. The audit showed that patients were treated to a high level, but the second round highlighted that the computerized records system no longer prompted clinical staff to recall patients for annual checks. The practice therefore decided to run the audit annually to identify when recalls were due and thus improve patient outcomes.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- Although most staff had been at the practice for many years, there was an induction programme for all new staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice was generally able to demonstrate how it ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. The practice nurse, who was responsible for administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. However, from our discussions with staff we did note that staff's knowledge of procedures relating to the Mental Capacity Act and obtaining patients' consent to treatment could be improved.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- We saw that staff received refresher training that included safeguarding, fire procedures, basic life support 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, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and there were telephone conferences every fortnight. Care plans were routinely reviewed and updated.

Consent to care and treatment

We spoke with clinical staff regarding obtaining patients' consent to treatment. They had a general understanding of the decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, the Provider and locum GPs carried out assessments of capacity to consent in line with relevant guidance. The Provider agreed to arrange for suitable refresher training regarding the Mental Capacity Act to be booked and for the practice nurse in relation to children's capacity to consent to care and treatment.

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 conditions and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had identified the smoking status of 87% of patients aged over-16. Of whom 383 were coded as current smokers, with 352 being offered smoking cessation advice and 28 had stopped smoking in the last year.

The practice's uptake for the cervical screening programme was 86%, which was above 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 it encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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 above the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 89% to 94%. The practice had immunised 28 (40% of the 69 girls eligible) with the Human papillomavirus vaccine, in cases where the immunisation had not been provided at their schools.

Flu vaccination rates for the over 65s were 85%, and at risk groups 57%. These were above the 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 consulting room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

The reception staff were aware when patients wanted to discuss sensitive issues, or appeared distressed, and could offer them a private room to discuss their needs.

All of the 38 Care Quality Commission patient 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores for consultations with GPs and nurses were generally comparable with the national average. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 93% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%, national average 91%).
- 97% said they found the receptionists at the practice helpful (CCG average 83%, 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 were in line with the national average. For example:

- 87% said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%).
- 86% said the last GP they saw was good at explaining tests and treatments (CCG average of 80%, national average of 86%)
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and that extended-time appointments were booked when a translator was assisting a patient.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients (approximately 1% of the practice list) as carers. Written information was available in the waiting area to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The Provider worked closely with the CCG as the local network lead and was a board member of the pan-Haringey GP federation.

- The practice offered appointments from 8.30am on Wednesday and until 6.30pm throughout the week and 8.00pm on Tuesday for working patients 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 were unable to attend the practice for medical reasons.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments could be booked and repeat prescriptions could be ordered online using the Patient Access system. The practice was working towards setting up its own website.
- There was step-free access to all rooms, a hearing loop and translation services were available.

Access to the service

The practice's opening hours were 9.00am to 7.00pm on Monday, Thursday and Friday; 9.00am to 8.00pm on Tuesday; and 8.30am to 7.00pm on Wednesday. Patients could contact the practice by phone between 8.00am and 7.00pm (8.00pm on Tuesday).

The morning surgery hours for booked appointments were 9.30am to 11.30am on Monday, Tuesday, Thursday and Friday and 8.30am on Wednesday. The evening surgery hours for booked appointments were 5.00pm to 6.30pm Monday, Wednesday, Thursday and Friday and from 5.00pm to 8.00pm on Tuesday. Provision was made during the booked surgery sessions for patients needing emergency consultations. Telephone consultations and home visits were also available.

Although the practice did not yet have a website, patients could register with the Patient Access service to book appointments online and to order repeat prescriptions. The practice was working on plans to set up a website in the near future.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it was closed were connected with the local out-of-hours service provider.

The premises were single storey, with two consulting rooms, one of which the Provider shared with locum GPs and the other was used by the practice nurse. The premises were leased and there were ongoing issues as to whether the lease would be renewed. The Provider was actively seeking to identify alternative premises should the practice need to move as a consequence.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 84% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information on how to make a complaint was given in the practice leaflet and forms were available in the reception area, provided upon request.

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

There had been no complaints in the past 12 months. We looked at records relating to four complaints that had been made in 2014. We found they were satisfactorily handled, dealt with in a timely way, with openness and transparency.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Its aims and objectives were set out in its statement of purpose –

“.....to provide the best possible standard of healthcare for our patients. We aim for the highest standard of medical practice at all times. The doctors and health professionals concerned undertake to maintain these standards through continuing audit of your care, peer assessment and through professional learning and development.”

Staff we spoke with knew, understood and fully supported these.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The Provider and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The Provider and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to them.

The practice 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.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the Provider and practice manager. All staff were involved in discussions about how to run and develop the practice, and all members of staff were encouraged to identify opportunities to improve the service delivered by the practice.
- All the staff we spoke with told us they were very happy in their work, that the practice team worked well together and this was one of the reasons for the very low staff turnover.

The Provider and practice staff held daily informal meetings to discuss issues relating to the service. But as all staff members other than the Provider worked only part time, not all of them were involved in all the meetings. The staff meetings being informal they were not consistently recorded. We discussed this with practice staff and were shown evidence that pertinent issues were passed round by the practice manager by email and that the Provider regularly monitored the locum pack and ensured it was up to date. However, the practice agreed to make meetings more formal and to make and keep suitable records of them.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, suggestions and complaints received. There was a small, but active PPG with five members, which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a patient survey reviewed by the PPG the practice extended its opening hours to include Thursday afternoons and carried out some redecoration of the premises.
- The practice had gathered feedback from staff generally through informal staff meetings, appraisals and discussion. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, we saw that the practice had reviewed the most recent GP Patient Survey results and had devised an action plan to address possible concerns, including arranging for additional training for the Provider.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For instance, the practice had recently been working with the local authority on the Neighbourhood Connect project. This supported people to make new friends, connect to social activities, hobbies, fitness and well-being services, community groups, volunteering and befriending opportunities in the borough.