

Carlton House 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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carlton House Surgery on 27 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- Appointments with a named GP were available but were more difficult to obtain. The practice was aware of this, having previously operated system wherein each GP had personal patient lists. The practice had taken action to educate patients about different ways of accessing appointments, this included distributing leaflets explaining how to get the most from their appointments and explaining the new appointment system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

Summary of findings

- Review the practice website to show information about how to make a complaint and to whom it should be addressed.
- Keep a log of the emergency medicines stored to ensure that anything used is replaced.

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. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the 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 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, and that patient care plans were regularly reviewed.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice comparable to other practices 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.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible. However, we did not see any notices in the reception area in other languages to assist patients whose first language was not English.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was aware of on-going housing development in the area and had secured funding from the CCG to add another consulting room.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. The practice was aware, however, patients wishing to see a preferred GP did have long waits for appointments. The practice had embarked on a patient education programme to help patients to understand, and adjust to, the system of seeing an available GP rather than waiting to see a preferred GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice website, however, did not give details of how to make a complaint or to whom the complaint should be sent.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. For example, the practice was part of a NHS Enfield CCG working group seeking to improve patient access to appointments.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients at risk of dementia were offered memory assessments, with an alert set up on the computer system to facilitate ad hoc assessments during consultations.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 90% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months compared to the national average of 88%
- 95% of patients with diabetes, on the register, had an influenza immunisation in the preceding 1 August to 31 March (national average 94%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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.

Good



Summary of findings

- 72% of patients with asthma, on the register, had had an asthma review in the preceding 12 months that included an assessment of asthma control (national average 75%).
- 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.
- 95% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 268 survey forms were distributed and 108 were returned. This represented just under 1% of the practice's patient list.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 78% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 69% 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%).

- 51% felt they didn't normally have to wait too long to be seen (CCG average 49%, national average 58%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Patients spoke of the care dignity and respect that they were shown by all staff. Some cards, however, also raised the difficulty getting an appointment with a preferred GP.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients liked the clean and welcoming environment. They also commented on the way that doctors explained things to them and that they felt involved in their care. They did, though, accept that getting an appointment with a preferred GP was more difficult because the GPs all worked part-time.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review the practice website to show information about how to make a complaint and to whom it should be addressed.
- Keep a log of the emergency medicines stored to ensure that anything used is replaced.

Carlton House 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 second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Carlton House Surgery

The practice is based in a residential area of the north London borough of Enfield, at 28 Tenniswood Road, Enfield, EN1 3LL. It is one of 49 GP practices in the NHS Enfield Clinical Commissioning Group (CCG).

- Carlton House Surgery provides GP primary care services to approximately 12,300 people living in Enfield. There is free unrestricted parking on the road outside the practice which is also served by buses and a nearby train station at Enfield Town.
- The practice is situated in the fourth least deprived decile and has an average distribution of patients across all age groups, with life expectancy of 80 years for men and 84 years for women, which is in line with national averages. Of the patients registered with the practice 82% identified themselves as white, 5% Asian, 7% are Black, and 5% are of mixed or other ethnic background.
- The practice has a General Medical Services (GMS) contract with the NHS and is signed up to provide a number of enhanced services (enhanced services require an enhanced level of service provision above what is required under core GMS contracts. These enhanced services include: Childhood Vaccination and

Immunisation Scheme; Extended Hours Access; Facilitating Timely Diagnosis and Support for People with Dementia; Influenza and Pneumococcal Immunisations; Learning Disabilities; minor surgery; Remote Care Monitoring; and Rotavirus and Shingles Immunisation.

- The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services; Family planning; Treatment of disease, disorder or injury; Diagnostic and screening procedures. Following our inspection we noted that the provider is also undertaking minor surgical procedures. The provider is taking action to obtain registration for surgical procedures.
- There are six GP partners (four female and two male) and five salaried GPs (two male and three female), three female nurses, and a non-clinical team comprising of a full-time business manager, full-time admin manager, practice PA and a reception and admin team of twelve. The partners between them work a whole time equivalent (WTE) of 4.25 GPs across the week, whilst the salaried GPs work a WTE of 3.4 GPs throughout the week. The nurses work a whole time equivalent of two full time nurses.
- It is a teaching and training practice with one GP trainee and one F2 doctor (F2 is a grade of medical practitioner undertaking a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training) but no medical students at the time of our visit.
- The practice is open between 8.00am and 7.00pm Monday to Friday. Appointments are from 8.30am to 12.30pm every morning and 2.00pm to 6.00pm every

Detailed findings

weekday, with 10 minutes for each doctor every weekday for telephone consults after their afternoon surgeries. Extended surgery hours are offered between 6.30pm to 7.15pm Monday to Friday.

- The practice has opted out of providing out-of-hours (OOH) services. When the practice is closed patients are directed to phone 111 (for non-urgent assistance) or its out of hours GP service provider.
- The practice is arranged over two floors, with consultation and treatment rooms on the ground floor and staff offices located on the upper floor. There are disabled toilets that are wheelchair accessible, and baby changing facilities.

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. This practice was previously inspected on 6 August 2013. Our inspection on 27 January 2016 was the first inspection as part of our new comprehensive inspection programme. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 January 2016. During our visit we:

- Spoke with a range of staff including doctors, nurses, the business manager, and admin staff and 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.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a diabetic specialist nurse requested a change of medicine to be prescribed to a patient who was a resident in a nursing home. The doctor made the change in the patient's notes and changed the repeat prescription but did not contact the nursing home, on the assumption that the nurse would do that. The nurse discovered the mistake before there was any harm to the patient and raised their concern with the practice. The matter was discussed at the next significant event meeting at the practice and it was agreed that in future the practice would always notify the home of any medicine changes.

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.

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. 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 nurses were trained to Safeguarding level 3, while non-clinical staff had received level 1 training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Following the last infection control audit the practice had prepared an action plan, and obtained quotes for the remedial work required, with start dates being arranged with contractors.
- 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. However, we found prescription pads for doctors who no longer worked at the practice and the practice agreed to destroy them immediately. Patient group directions (PGDs) had been adopted by the practice to allow nurses 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

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 area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, the last full evacuation test having been carried out the day before our inspection visit. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice was able to show records confirming that PAT testing (Portable Appliance Testing) had last been carried out on all electrical equipment in July 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number 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

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 consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However, there was no log of the emergency medicines stored to ensure that anything used would be replaced.
- 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.

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 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 97% of the total number of points available, with 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:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March was 95% (national average 94%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% (national average 88%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less at 82% was similar to national average of 84%.

- Performance for mental health related indicators was similar to the national average. For example The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 80% (national average 88%).
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 96% (national average 94%).

Clinical audits demonstrated quality improvement.

- There had been three clinical audits carried out in the last two years, two of these were completed two-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. Recent action taken as a result included, for example, an audit of minor surgery excisions that had identified an infection rate of two out of twenty-eight procedures. This was considered at the high end of clinical expectation. Accordingly the practice determined to investigate future complications with a view to re-education, or peer observation of technique.

Information about patients' outcomes was used to make improvements such as: non-attenders at clinics were phoned and sent letters to arrange alternative appointments. Also, the nurses kept lists of patients that they reviewed monthly to pick up any that had failed to make appointments. This was reflected in the practice's QOF figures, for example, 95% of women aged 25-64 notes recorded that a cervical screening test has been performed in the preceding 5 years (national average 82%).

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support 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. We saw evidence of the appraisal process which included pre-appraisal preparation, and notes of the appraisal meeting with personal development plans for the following year.
- Staff received 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.

- Older palliative care patients were placed on the practice register and discussed at regular multidisciplinary meetings (MDTs) attended by district nurses, respiratory nurses and heart failure teams.

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 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 the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

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, and all vulnerable patients were then signposted to the relevant service.
- A smoking cessation advice was available on the premises and dietary advice was available from a local support group.

The practice's uptake for the cervical screening programme was 95% (the national average 82%). There was a policy to offer telephone reminders and letters for patients who did

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

not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability by ensuring 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 better than national averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 12% to 90% (national averages ranged from 10% to 59%) and five year olds from 87% to 95% (national averages ranged from 67% to 86%).

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 41 patient Care Quality Commission comment cards we received contained positive comments 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.

The practice had an active patient participation group (PPG). We spoke with 3 members of the PPG who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 82%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).

- 100% Had confidence and trust in the last nurse they saw or spoke to (CCG average 96%, national average 97%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 95% said the last nurse they saw or spoke to was good at giving them enough time (CCG average 88%, national average 92%).
- 83% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Patients were not, however, always able to get an appointment with their preferred GP. 36% of patients with a preferred GP were usually able to see or speak to that GP (CCG average 53%, national average 60%). The practice explained that each GP used to have their own personal list of patients, with most GPs working full-time. The older GPs had since retired leaving all existing, and subsequently recruited GPs, working part-time. In recognition of the changed work patterns the practice had adopted an approach of encouraging patients to see any available GP. This had resulted in a residual level of expectation of being able to see their preferred GP amongst long-term patients.

To address these concerns the practice had:

- Produced an information leaflet for patients to help them get the most from their GP appointment. The leaflet reminded patients that the practice no longer had personal lists, as well as hints and tips such as bringing a diary of the history of the illness to help them explain its progress, and asking for a double appointment if coming in with a complicated issue.
- Reviewed its appointment system and introduced a triage system to ensure that the most urgent cases were prioritised for on the day appointments.
- Introduced telephone consultations to give additional access for patients who were unable to attend during working hours.
- Put detailed information about the appointment system onto its website, including the days and clinics worked by each GP.

The practice was still in the process of this patient education and was not yet able to confirm that patients had embraced the changed approach.

Are services caring?

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 local and national averages. For example:

- 78% 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%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 77% , national average 81%).
- 93% said the last nurse they saw was good at explaining tests and treatments (CCG average 85% , national average 90%).

- 89% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average 80% , national average 85%).

Staff told us that interpreters and telephone language 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. The practice also had a hearing loop in reception.

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. When registering with the practice patients were asked whether they were carers. Carers were also identified during consultations via opportunistic questioning. Accordingly, the practice had identified 119 patients as carers, representing 1% of the practice's patient list. 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 visited them. 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 the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was aware of local population trends and in response to additional local housing developments had negotiated funding from the CCG to create another consultation room.

- The practice ran extended hours clinics on Monday to Friday evenings from 6.30pm to 7.15pm for working patients who could not attend during normal opening hours. In addition, following the afternoon clinics GPs made telephone calls to patients in need of advice.
- There were longer appointments available for patients with a learning disability, poor mental health, elderly patients and patients with long-term conditions.
- The practice ran regular nurse led clinics for patients with long-term conditions including: chronic obstructive pulmonary disease (COPD); asthma; and diabetes.
- Home visits were available for older patients and patients who would benefit from these.
- The practice held weekly ward rounds at a local nursing home to provide more proactive case management of patients, with regular medicines and care plan reviews.
- The practice offered memory assessments to older patients at risk of dementia, with an alert set up on the computer system to facilitate ad hoc assessments during consultations.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice ran a range of clinics for the benefit of patients with long-term health conditions including diabetes, asthma, eczema and a community pain clinic. For diabetic patients, for example, its website showed a comprehensive list of all the checks that patients were given at a diabetic review.

- The practice facilitated monthly pain clinics at the practice, these were led by a consultant and specialist nurses from Chase Farm Hospital. They saw referred patients from across the Enfield community.

Access to the service

The practice was open between 8.00am and 7.15pm Monday to Friday. Appointments were from 8.30am to 12.00pm every morning and 2.00pm to 6.00pm daily. After the morning surgery the practice offered 30 minutes of telephone appointments, and after the afternoon surgery the practice offered 10 minutes of telephone appointments, these telephone appointments were offered on Monday to Friday. Extended surgery hours were offered between 6.30pm to 7.15pm weekdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the day 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.

- 66% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 68% patients said they could get through easily to the surgery by phone (national average 73%).
- 89% patients said the last appointment they got was convenient (CCG average 89%, national average 92%).
- 84% said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).

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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system there was a leaflet available in reception.
- The practice website, however, only gave a brief indication that the practice was willing to hear complaints but failed to give any direction about how to make a complaint or to whom it should be addressed.

We looked at 20 complaints received in the last 12 months and found that complaints were dealt with in a satisfactory

and timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that he had sent a repeat prescription request via email but that it had not been actioned. The practice apologised to the patient as the email had not been accessed by staff at the appropriate time. The practice recognised that this was an error and reminded staff to check emails twice daily to prevent a recurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the practice values, however it was not displayed in the waiting area for patients to view.
- 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 continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the 2014 GP patient survey had found that only nine percent of respondents had been dissatisfied with the available clinic times. The PPG, however, considered more in-depth research was needed. The practice developed a commuter specific questionnaire and as a result of the findings increased the extended hours clinic frequency to every weekday between 6.30pm to 7.15pm. In addition, it had put posters in the reception area, and information on its website. This had resulted in an almost 100% take-up of these appointments.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, there had previously been clearly defined roles, but the practice wanted to introduce multi-skilling of non-clinical staff. This was primarily to ensure enough cover for the reception area during busy times. There had been resistance from the admin staff who also felt pressure to complete their own tasks. Accordingly, the reception staff were also given opportunities to learn admin skills. This multi-skilling of staff had benefitted the practice in

ensuring that sufficient numbers of staff were available where and when needed, but also, staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was part of a NHS Enfield clinical commissioning group (CCG) working group seeking to improve patient access to appointments.