

# Willow House Surgery

## Quality Report

285 Willow Road  
Enfield  
EN1 3AZ  
Tel: 020 8363 0472  
Website: <http://willowhousesurgery.co.uk/>

Date of inspection visit: 3 February 2016  
Date of publication: 14/04/2016

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Willow House Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Willow House Surgery on 3 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. 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 named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The practice provides primary care to all the residents of a 76 bedded nursing home which specialises in supporting people with very complex health needs (multiple co-morbidities which is the presence of one or more additional disorders (or diseases) co-occurring with a primary disease or disorder; or the effect of such additional disorders or diseases). These needs include advanced dementia and end of life care. In supporting these patients, the practice has developed a model alongside the staff of the nursing home and the London borough of Enfield Care Homes Assessment Team (CHAT), a team which supports GP's and care homes that have complex residents. This model promotes integrated working across primary care, community care and secondary (specialist hospital care) and social care.

# Summary of findings

Outcomes have included improved care planning with specialist service input and a reduction in hospital admissions including to A&E. The model was shortlisted for patient safety award in 2015 and this model is being adopted across London borough of Enfield's nursing homes and being considered for implementation by neighbouring local authorities.

The areas where the provider should make improvement are:

- Improve systems to identify and support carers in line with published guidelines.

- Include information on how to make a complaint on the practice's website.
- Develop a clear terms of reference for the patient participation group (PPG) which focuses on improving health and wellbeing outcomes for its patient population.

**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, 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 at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the 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.

- Data from the National GP Patient Survey showed patients rated the practice in line with or higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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.
- 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.

Good



# 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 outstanding for the care of older people.

The practice had developed a model for supporting older people in a nursing care setting. The practice provided primary care to all the residents of a 76 bedded nursing home which specialises in supporting people with very complex health needs. This model promotes integrated working across primary care, community care and secondary (specialist hospital care) and social care. Outcomes included improved care planning with specialist service input and a reduction in hospital admissions including to A&E. Results showed that since the model of care was put into place there has been 14% reduction in admissions to hospital between 2013 and 2014 and a further 8% reduction in admissions to hospital in 2014 to 2015. Therefore a total reduction in admission to hospital of 21%. There has also been a reduction in admittance to Accident and Emergency (A&E) year on year; 21% reduction in 2013 to 2014 and an 11% reduction 2014 to 2015. Therefore a total reduction of 30% from 2013 to 2015.

- 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.

Outstanding



### 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.
- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 79.1% compared to a national average of 78.%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86.5% compared to a national average of 88.3%.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- 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.
- For those patients suffering with asthma, 89% have had an asthma review in the preceding 12 months compared to 75% nationally.
- 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.
- For those female patients aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years, 75% have had a test performed compared to 82% nationally.
- Children and babies were offered appointments when they needed one. Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors who attend practice meetings to exchange information or discuss not only children but also families causing concern.
- Sexual health screening was available at the practice.

Good



## 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 offered an extended hour's surgery on a Thursday evening to allow those patients commuting access to appointments.

Good



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations should they be required as well as follow up.
- The practice offered a results text message service for normal results to alleviate any anxieties about waiting for results to be issued.

## 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.
- The practice has begun to identify carers through its records. of the practice list.

Good



## 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).

- 92.3% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.4% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 96% compared with a national average of 89.5%.
- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators was above the national average.

Good



# Summary of findings

- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results published July 2015. The results showed the practice was performing in line with local and national averages. Two hundred and eighty six (286) survey forms were distributed and 101 were returned. This represented 8% of the practice's patient list.

- 96.5% found it easy to get through to this surgery by phone compared to a CCG average of 67.2% and a national average of 73.3%.
- 100% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.2%, national average 91.8%).
- 91.4% described the overall experience of their GP surgery as fairly good or very good (CCG average 69.8%, national average 73.3%).
- 72.1% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 72.1%, national average 77.5%).

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 which were all positive about the standard of care received. Patients commented that they were treated with respect and compassion and that they were well cared for. Comments also reflected the ease at which appointments were available should they be needed and how helpful all staff were at meeting their needs.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring. We looked at results from the friends and family test and found that 100% of patients who responded said they were likely to recommend the practice to their friends and family if they needed care or treatment.

# Willow House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Willow House Surgery

Willow House Surgery is situated in North London within the NHS Enfield Clinical Commissioning Group (CCG). It is located within a converted residential property which has recently undergone significant refurbishment. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services). The practice provides a range of enhanced services including adult and child immunisations, facilitating timely diagnosis and support for people with Dementia, and minor surgery.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury, Family planning, Surgical procedures and Diagnostic and screening procedures.

The practice had a patient list of just over 3700 at the time of our inspection.

The staff team at the practice includes two partner GP's (2 male), one female salaried GP and one female practice nurse. At the time of our visit the practice nurse was on maternity leave and two locum nurses both female were

providing locum cover. The practice has four administrative staff members; including a practice manager. All staff work a mix of full time and part time hours. The practice is not a designated training practice.

The practice is open between 8.00am and 6.45pm Monday to Friday. Extended hours surgeries are offered on a Thursday from 6.45pm to 8.00pm. The surgery is closed on Saturday and Sunday. To assist patients in accessing the service there is an online booking system, and a text message reminder service for appointments. Urgent appointments are available each day and GPs also complete telephone consultations for patients. An out of hour's service provided by a local deputising service covers the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice website as well as through posters and leaflets available at the practice.

There are approximately 240 GP appointments available per week. The practice nurses have 66 appointments available per week. (These exclude telephone consultations and home visits which are additional).

The practice patient list was comparable to the national average of people with a long standing health conditions (54% compared to a national average of 54%). The average male and female life expectancy for the Clinical Commissioning Group area was above the national average for males and in line with the national average for females.

## Why we carried out this inspection

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

# Detailed findings

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

We last inspected this service in September 2014 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. The service was inspected as part of the Care Quality Commission's pilot inspection methodology. The service was found to be compliant at this inspection.

## 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 3 February 2016. During our visit we:

- Spoke with a range of staff (A GP partner, practice manager, practice nurse and receptionists) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how patients were being cared for and talked with carers and/or family members.

- 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. When there are unintended or unexpected safety incidents, people received support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again. Staff demonstrated awareness of the duty of candour.

For example, the practice had recorded two separate significant events in regard to severe delays in the arrival of the London Ambulance service for two patients requiring urgent specialist treatment from secondary care (hospital); for conditions such as heart failure and stroke. On both occasions clinical practice staff ensured patients were comfortable and that they were monitored in accordance with the practice's emergency procedures. Following the events, practice leads made a formal complaint to the London Ambulance Service in regard to the significant delays experienced and noted their concern regarding the risks this put on patient safety. Practice leads also conducted a staff briefing on the procedure for ambulance call outs and emergency call designation when making requests for paramedics. A policy was also formalised and emergency procedures reviewed to ensure all staff were acting in accordance with best 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. 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 to the appropriate levels.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We noted that the practice had recently undergone significant refurbishment and leads told us that this was designed in accordance with infection prevention and control guidelines. 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.
- 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 all nurses to administer medicines in line with legislation.
- We reviewed six 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. 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. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example, the practice nurse had been on maternity leave since July 2015 and

the practice leads had arranged two locum practice nurses to support patients during this period. We also noted that the practice manager also worked to cover reception whilst the practice was awaiting the appointment of a new receptionist in order to ensure that patient queries were dealt with promptly.

### 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.

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 97.5% of the total number of points available, with 4.1% 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. The percentage of patients with diabetes on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 79.1% compared to a national average of 78.%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86.5% compared to a national average of 88.3%.
- Performance for hypertension related indicators was similar to the national average. For example, 84% of

patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less compared to a national average of 83.6%

- Performance for mental health related indicators was above the national average. For example: 92.3% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.4% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 96% compared with a national average of 89.5%.
- Performance for dementia related indicators were similar to the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 73.4% compared with a national average of 84%.

### Clinical audits demonstrated quality improvement

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There had been four clinical audits completed in the last two years. We saw examples of where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result of an audit to review asthma patients on high dose inhaled corticosteroid (ICS) therapy which meant that the practice was able to identify those patients that had not been reviewed for over a year and those that were non compliant with their asthma treatment to assist in providing support. It also identified those patients who could be stepped down (reduction in dosage) from using a treatment. We saw evidence that clinicians had met to discuss these audit findings. As a result a clinician was identified to lead on patients identified through the audit with an agreed follow up in four months.
- In another example the practice conducted a clinical audit of Atrial Fibrillation and the use of Warfarin in patients at risk of stroke. (Atrial Fibrillation (AF) is a significant risk factor for stroke as it potentially leads to the formation of blood clots in the heart, and patients with AF have a five-fold greater risk of stroke and thromboembolism than non-AF patients). Using NICE guidelines the practice wanted to assess to what extent

# Are services effective?

(for example, treatment is effective)

their patients with AF at high/moderate risk of stroke are anticoagulated with warfarin (a medication that the main oral anticoagulant used in the UK (oral means it is taken by mouth). An anticoagulant is a medicine that stops blood from clotting). Findings from the audits were that the practice needed to do more work in terms of identifying patients in AF due to the significant stroke risks that are associated with the condition. The audits gave clinicians a better understanding of those patients in AF and increased the numbers considered for anti-coagulation therapy. The practice continually monitors and refers patients with AF through their registers and at clinical review and discussion.

## Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. 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.
- 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.

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.

For example, the practice provided primary care to all the residents of a 76 bedded nursing home which specialises in supporting people with very complex health needs (multiple comorbidities which is the presence of one or more additional disorders (or diseases) co-occurring with a primary disease or disorder; or the effect of such additional disorders or diseases). Those needs included advanced dementia and end of life care. In supporting patients, the practice had developed a model alongside the staff of the nursing home and the local authority Care Homes Assessment Team (CHAT) a team which supports GP's and care homes that have complex residents. This model promoted integrated working across primary care, community care and secondary (specialist hospital care) and social care. For example, the practice had appointed a lead GP to support the home. Their role was to conduct new patient health checks, a weekly ward round, urgent visits, regular medication reviews, blood tests, immunisation. In addition, each month the lead GP held a multi-disciplinary review of patients where a specific risk had been identified or a change in their care needs. Reviews involved practitioners and relatives and patients where appropriate. Referrals were made, treatment plans discussed, and actions were agreed to ensure that the

# Are services effective?

(for example, treatment is effective)

patient receives a timely and effective response to their needs. This had resulted in reduced hospital admissions, improved access to community support for patients. By creating an integrated way of working residents were receiving an improved service. Results showed that since the model of care was put into place there has been 14% reduction in admissions to hospital between 2013 and 2014 and a further 8% reduction in admissions to hospital in 2014 to 2015. Therefore a total reduction in admission of 21%. There has also been a reduction in admittance to Accident and Emergency (A&E); 21% reduction in 2013 to 2014 and an 11% reduction 2014 to 2015. Therefore a total reduction of 30% from 2013 to 2015. In 2015, the model of working was shortlisted for a patient safety award in the older's people's category. This model has been adopted across the local authority and is being considered by neighbouring authorities.

## 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. Patients were then signposted to the relevant service.
- Practice nurses provide advice on smoking cessation and provide information on local support groups.

The practice's uptake for the cervical screening programme was 74.3%, which was comparable to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and 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 comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 90% and five year olds from 75% to 91%.

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 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 82% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 79% said the GP gave them enough time compared to the CCG average of 81.7%, and a national average of 86.6%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.8% and a national average of 95%.

- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 81% and the national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 98% said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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:

- 84% 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%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and a national average of 82%.
- 92% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the 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.

### 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 26 carers, 0.1% of

## Are services caring?

the practice list. The practice was seeking to increase the number of people on the register to 10% of the practice list in line with the 2011 population census findings. Written information was available to direct carers to the various avenues of support available to them. Carers were signposted to other sources of support. The practice had not yet adopted a carer's champion role.

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

This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Alerts were made on the patient records of bereaved family members to ensure that great care was taken to provide the most appropriate support. Patients who had passed away were discussed at staff meetings to ensure staff acted in the most supportive and considerate way.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, its work with the Enfield CHATS team.

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and were referred to other clinics for specific vaccines not given by the practice.
- Patients could book appointments and request prescriptions online. The practice participated in the Electronic Prescription Service (EPS); patients could nominate a pharmacy of their choosing to receive their prescriptions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had recently installed a lift to improve access following the practice's recent redevelopment.

### Access to the service

The practice was open between 8.00am and 6.45pm Monday to Friday. Extended hours surgeries were offered on a Thursday from 6.45pm to 8.00pm. The surgery was closed on Saturday and Sunday.

The practice was open between 8.00am and 7.00pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3.00pm to 6.45pm daily. Extended surgery hours were offered on a Thursday evening from 6.45pm to 8.00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and the national average of 73%.
- 84% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%).

People told us on the day of the inspection that they were able to access appointments when they needed them and with their preferred GP. Patients told us this was a particularly helpful to 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.
- We saw that information was available to help patients understand the complaints system. For example, information on how to complain was contained in the practice leaflet on the reception desk. However, we noted that this was yet to be put onto the practice's new website.

We looked at one written complaint which had been received in the last 12 months. The complaint had been acknowledged in a timely way and dealt with openly and transparently. The practice handled all complaints both verbal and written. Complaints were discussed at regular meetings and agreed actions following any investigation were recorded. Therefore, lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We noted that comments or suggestions made via NHS choices were acknowledged by one of the practice's lead GP's.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The vision was shared with staff and there was a strong ethos of teamwork across the practice at all levels to achieve it.

### 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 prioritise 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. This was

demonstrated in the handling of a practice complaint. 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. These included both clinical and non-clinical staff. Staff told us it was an opportunity to share information and drive improvement in the quality of care patients receive at the practice. Staff told us that where external meetings had taken place such as multidisciplinary discussions information that was useful was shared via email in order to keep all staff involved in decisions that had been made or changes within the local CCG.
- 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. We noted team away days were held every at least annually which involved celebrating joint team achievements.
- 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, patient comments and suggestions

# Are services well-led?

Good 

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

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 PPG had been involved in the recent renovations of the practice's premises; specifically in providing feedback about the design of the new reception and waiting area to ensure that the space was positive, accessible and welcoming to all patients.

- The practice had gathered feedback from staff generally through staff meetings, appraisals, 1-2-1 meetings and ongoing discussions. 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 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 work the practice has undertaken with the Enfield Care Homes Admissions team in creating a multi-disciplinary model of working that has improved health and wellbeing outcomes for the 76 patients living within the nursing home supported by the practice. Practice leads told us they were looking to become an accredited training practice and looking at how additional services could be offered from the recently redeveloped premises to provide improved access to patients in the locality. Leads told us they were looking at how social media could help provide a better service for patients in the future and how best to utilise this form of medical. For example, the lead GP told us that they were considering whether email requests from patients would be a possibility to consider. The practice was also keen to explore how it could work in federation with other practices to provide access for patients across the local area.