Charlton House Medical Centre

Quality Report

581 High Road
Tottenham
N17 6SB
Tel: 020 8808 2837
Website: www.charltonhousemedicalcentre.co.uk

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Charlton House Medical Centre on 12 January 2015. The overall rating for the practice was good with a rating of requires improvement for the effective domain. The full comprehensive report on the January 2015 inspection can be found by selecting the 'all reports' link for Charlton House Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive follow-up inspection carried out on 20 July 2017. Overall the practice is now rated as requires improvement.

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

- Staff were provided with access to training and were formally appraised, however not all staff had completed training relevant to their role and one member of clinical staff had not been appraised since 2015.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions could be improved. For example, those related to fire safety and infection and prevention control measures for the premises.
- For the most recent published data from 2015/16 exception reporting was higher than the local and national averages for several clinical indicators. Exception reporting is the removal of patients from Quality and Outcomes Framework calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- Procedures for managing the stock of emergency medicines were not clear.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

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- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- 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 areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Consider ways to ensure that all staff are given a formal appraisal annually.
- Consider ways to ensure that all staff remain up to date with training relevant to their role.
- Consider ways to increase the number of carers identified identify ensure they can access a range of support in line with national guidance.
- Consider ways to reduce clinical exceptions for all long term conditions and ensure they meet the clinical criteria for exception reporting.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- The practice had systems, processes and practices to minimise risks to patient safety however these were not always effective. For example, annual fire risk assessments and infection and prevention control audits and legionella testing were not completed.
- Staff demonstrated that they understood their responsibilities however all staff had not received training on basic life support training, fire safety and infection and prevention control relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents. However the procedure for managing the stock of emergency medicines was not clear.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 91% compared to the CCG average of 83% and the national average of 84%.
- There were high rates of exception reporting for several clinical indicators, the practice were able to demonstrate improvement in these rates for the year 2016/17.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients satisfaction was similar to the national average for several

Summary of findings

aspects of care. For example, 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the clinical commission group (CCG) average of 83% and the national average of 86%.

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example, in the 24 comment cards we received from patients who use the service.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, by taking measures to screen for atrial fibrillation in older patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from 11 examples reviewed showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

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

- Governance arrangements did not always operate effectively. Specifically, arrangements for identifying, recording and managing risks, issues and implementing mitigating actions could be improved. For example, fire risk assessment and infection and prevention control audits were not completed annually.
- The procedures for managing stock of emergency medicines could be improved as it was not clear what items should be kept in stock at all times.

Summary of findings

- Staff had access to online training but we found gaps in training. For example, not all staff had completed fire safety training, basic life support training and infection and prevention control training.
- All staff had received inductions but not all staff had received regular performance reviews.

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

Requires improvement

The provider was rated as requires improvement for being safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
  The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, patients aged 75 and over received same day appointments.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for being safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months was 86% compared to the CCG average of 73% and the national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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

Requires improvement

The provider was rated as requires improvement for being safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates had improved form the previous year for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals. For example, children under the age of five were given same day appointments.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for being safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.

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.
- NHS health checks offered for patients aged 40 to 74.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for being safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for being safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Summary of findings

- Performance for mental health related indicators was above the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to the CCG average of 83% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice performance against national averages was comparable with other practices in the area. A total of 378 survey forms were distributed and 103 were returned. This represented 1.5% of the practice's patient list.

- 70% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. A total of 20 of the comment cards received commented on staff at the practice being caring and supportive.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the NHS Friends and Family Test (FFT) showed that 76% of patients would recommend this practice in May 2017 and 80% in June 2017. The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Areas for improvement

Action the service MUST take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service SHOULD take to improve

- Consider ways to ensure that all staff are given a formal appraisal annually.
- Consider ways to ensure that all staff remain up to date with training relevant to their role.
- Consider ways to increase the number of carers identified identify ensure they can access a range of support in line with national guidance.
- Consider ways to reduce clinical exceptions for all long term conditions and ensure they meet the clinical criteria for exception reporting.

Charlton House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Inspector and included a GP specialist adviser.

Background to Charlton House Medical Centre

Charlton House Medical Practice is a surgery located in the London Borough of Haringey. The practice is part of the NHS Haringey Clinical Commissioning Group (CCG). It currently holds a General Medical Service contract (an agreement between NHS England and general practices for delivering primary care services to local communities) and provides NHS services to 7582 patients. The practice is situated in its own premises and is arranged over two floors. Consulting rooms are available on the ground floor for those with a physical disability. Access for those who use a wheelchair is at the rear of the premises.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury. The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions.

The practice serves a diverse population with many patients for whom English is not their first language. The largest ethnic groups identified as other White 19%, African 18%, Caribbean 12%, British or mixed British 7%, other Asian 2% and White British 2%. The remaining 40% of patients are made up of approximately 29 ethnic groups and mixed backgrounds. The practice has a small population of older patients with 10% (national average 17%) of patients aged 65 years or older and only 4% (national average 8%) of patients aged 75 years or older. The number of patients aged 18 years or younger is 22% compared to the national average of 20%.

The clinical team at the practice is made up of two GP partners (one male and one female), two locum GPs (one male and one female), one female practice nurse, one female locum nurse and one female healthcare assistant. The non-clinical team at the practice is made up of eight administrations roles, one Operations Manager and one Practice Manager.

The practice is open between 8.30am to 6.30pm Monday to Friday. Telephone access to the practice is available between 9am to 6.30pm Monday to Friday.

Appointments are from 8:30am and 6:30pm Monday to Friday. The practice provides extended hours appointments Tuesday, Wednesday and Friday from 7.30am to 8.30am and Tuesday evening between 6.30pm to 8pm.

Outside of these hours patients are referred to 111 and can access primary care services through the local out of hour's provider. The out of hours service includes telephone clinical assessments with GPs and Nurses, face to face consultations at designated Primary Care Centres in Haringey and GP home visits.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Charlton House Medical Centre on 12 January 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated good overall and requires improvement for providing effective services. The full comprehensive report following the inspection on January 2015 can be found by selecting the 'all reports' link for Charlton House Medical Centre on our website at www.cqc.org.uk.

We undertook a comprehensive follow-up inspection of Charlton House Medical Centre on 20 July 2017. This inspection identified that the practice was now rated good for providing effective services. The practice is now rated as requires improvement for providing safe and well-led services, resulting in an overall rating of requires improvement.

How we carried out this inspection

We carried out an announced comprehensive follow-up inspection on 20 July 2017. During our visit we:

- Spoke with a range of clinical and non-clinical staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 12 January 2015, we rated the practice as good for providing safe services.

When we undertook a comprehensive follow-up inspection on 20 July 2017 we found a number of issues where improvements were required. For example, the practice had systems, processes and practices to minimise risks to patient safety however these were not always effective and there were members of staff that had not received training relevant to their role. On the day of inspection the practice was responsive and took immediate action to address issues we identified. However, long term solutions are required to ensure services are safe. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). For example, an infection control incident involving urine had occurred during a full clinic and was not dealt with fast enough. The incident had been recorded and shared with staff, learning shared and steps taken to minimise the chance of recurrence. As a result all staff were reminded of their infection control training and the locations of spill kits were clearly marked.

From the sample of nine documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, due to staff sickness the surgery opened 10 minutes late and patients waited outside the surgery. The incident was discussed at the practice meeting and the manager's rota was amended to ensure a manager is always present at the open and close of surgery to avoid a similar incident.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- GPs were appropriately using the required codes on the electronic patient management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.
- Staff interviewed could demonstrate how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies out of hours.
- Practice training records made available to us showed that all staff had received role specific training on safeguarding. For example, GPs and nurses were trained to child safeguarding level three. The healthcare assistant was trained to child safeguarding level two and all non-clinical staff were trained to child safeguarding level one.
- 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. On the day of inspection we found that systems relating to infection prevention and control (IPC) were not always effective, the practice took immediate following the inspection.

- On the day of inspection we found that infection prevention and control (IPC) audits were not completed

by the practice. Immediately following the inspection the practice submitted a completed infection control audit which identified several areas of improvement and provided a clear timescale for completion. Immediate action had been taken as a result of the audit. For example, during the audit there was visible dust inside a cabinet in one of the consulting rooms, this area was added to the weekly cleaning schedule for all consultation rooms.

- The practice nurse was the IPC clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and most staff had received up to date training. We found that six members of staff were overdue for IPC training, the practice submitted evidence that all six members of staff completed the training following the inspection.
- We observed the premises to be clean and tidy. There were comprehensive cleaning schedules and monitoring systems in place. For example, we reviewed the cleaning schedule and found that all rooms were listed on the schedule along with the frequency and method of cleaning for each area.

We saw evidence that there were arrangements for managing medicines, including vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). We found that the system for managing the stock of emergency medicines could use improvement.

- On the day of inspection we looked at the stock of emergency medicines. We found that the emergency medicines did not contain medicines to counteract severe allergic reactions or medicine for pain relief. We checked the policy and spoke with the clinical lead for emergency medicines, we found that antihistamine medicines had been ordered but not yet received. Antihistamines are medicines used to relieve the symptoms associated with allergic reactions. The practice was unable to explain the lack of pain relief in the emergency medicines and there was no risk assessment available to demonstrate that pain relief medicine was not suitable for the practice to keep in stock. Immediately following the inspection the practice provided evidence that antihistamines and medicines for pain relief were obtained.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. There was an uncollected prescription policy in place which ensured that uncollected prescriptions were reviewed by weekly and triaged by a clinician to minimise risk to patients. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs allow some registered health professionals to administer specified medicines to a pre-defined group of patients. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions (PSDs) from a prescriber were produced appropriately. PSDs are the traditional written instruction, signed by a GP for medicines to be administered to a named patient after the GP has assessed the patient on an individual basis.

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- On the day of inspection we asked the practice to provide evidence of risk assessments to monitor safety of the premises such as legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.The practice told us they had not completed a risk assessment for legionella. During the inspection the practice provided us with evidence that an outside agency had been scheduled to conduct a legionella risk assessment for the last week in July 2017.
- There was a health and safety policy available.
- The practice did not have an up to date fire risk assessment. Immediately following the inspection the practice submitted evidence that a fire risk assessment had been scheduled with an outside agency. We saw evidence that the practice had a fire evacuation policy; fire drill protocol and that regular fire drills were

conducted. There were designated fire marshals within the practice and staff we spoke to demonstrated knowledge of the evacuation procedure outlined in the fire evacuation policy, however we noted that six members of staff had not completed fire safety training. The practice submitted evidence to show that all six members of had completed fire safety training following the inspection.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- The practice did not have a defibrillator available on the premises on the day of inspection. We spoke to the partners at the practice and they told us that there was a defibrillator available at the chemist located directly next to the practice that could be used in the event of an emergency. The partners told us they would purchase a defibrillator to be kept on the practice premises. Immediately following the inspection the practice provided evidence that a defibrillator was purchased for the practice.
- Most staff received annual basic life support training and there were emergency medicines available in the treatment room. We found that four members of staff had not completed basic life support training. The practice submitted evidence that these members of staff had completed basic life support training following the inspection.
- Oxygen with adult and children's masks were available. A first aid kit and accident book were available.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 stored securely.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 12 January 2015, we rated the practice as requires improvement for providing effective services as patient outcomes were below local and national averages and there was a lack of evidence in relation clinical audits driving improvements in the quality of care.

When we undertook a comprehensive follow-up inspection on 20 July 2017 we found that these arrangements had significantly improved. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had systems to keep all clinical staff up to date. For example, we saw evidence of clinical meetings where the latest NICE guidance was discussed and disseminated to staff.

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 for 2015/16 showed that the practice achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. However, the practice was an outlier for exception reporting for several indicators, exception rates were higher than the CCG and national averages for the indicators detailed below. 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.

Data from 2015/16 showed:

- Performance for atrial fibrillation was above the CCG and national averages. For example, patients with atrial fibrillation with a record of a CHA2DS2-VASc score of two or more, the percentage of patients who are currently treated with anti-coagulation drug therapy was 100% compared to the CCG average of 81% and the national average of 87%. Exception reporting for this indicator was 33%.
- Performance for diabetes related indicators was above the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months was 86% compared to the CCG average of 73% and the national average of 78%. Exception reporting for this indicator was 30%.
- Performance for chronic obstructive pulmonary disease (COPD) was above the CCG and national averages. For example, the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 100% compared to the CCG average of 89% and the national average of 90%. Exception reporting for this indicator was 15%.
- Performance for hypertension was similar to the CCG and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 78% compared to the CCG average of 79% and the national average of 83%. Exception reporting for this indicator was 11%.
- Performance for mental health related indicators was above the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to the CCG average of 83% and the national average of 89%. Exception reporting for this indicator was 11%.
- Performance for dementia related indicators was above the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose

care plan has been reviewed in a face-to-face review in the preceding 12 months was 91% compared to the CCG average of 83% and the national average of 84%. No exceptions were reported for this domain.

- Performance for asthma was above the CCG and national averages. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions was 79% compared to the CCG average of 75% and the national average of 76%. Exception reporting for this indicator was 1.5%.

Rationale behind exception rates for QOF indicators:

We spoke with the partners about the indicators in which the practice had reporting high rates of exceptions. We were told that patients are recalled three times in accordance with the exception criteria set out in QOF. When we reviewed samples of exceptions reported for each of the indicators below we found that exceptions were clinically appropriate. The practice provided us with the exception rates reported for 2016/17 which showed a decrease in exception reporting for most of the indicators below. The data for 2016/17 was unverified and unpublished at the time of our inspection.

- Exception reporting for atrial fibrillation in 2015/16 was 33%. We spoke to the clinical lead for this indicator, they told us that the reason for high rate was due to patients travelling abroad and not responding to recalls for reviews. Data for 2016/17 showed that the exception reporting rate for this indicator had decreased to 1%.
- Exception reporting patients with diabetes, on the register, in which the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months was 30%. The clinical lead for this indicator told us the high rate was due to patients not responding to recalls. We checked four exceptions for this indicator and found that all four patients were recalled three times before being reported as an exception. Data for 2016/17 showed that the exception reporting rate for this indicator had decreased to 20%.
- Exception reporting for COPD was 15%. One of the GP partners conducted an audit on the exception reports against COPD which identified that 55% of patients reported as exceptions could not be reached after three attempts. We reviewed four samples for this indicator and found that all four patients were contacted three times before being reported as an exception. Data for 2016/17 showed an increase to 19% for exceptions related to COPD.
- Exception reporting for hypertension was 11%. We reviewed two samples for this indicator and found that both patients had appropriate clinical reasons for being reported as exceptions. Data for 2016/17 showed that exception reporting for this indicator decreased to 8%.
- Exception reporting for patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 11%. We reviewed three samples for this indicator and found that these patients appropriate clinical reasons for being reported as exceptions. Data for 2016/17 showed that exception reporting for this indicator decreased to 9%.

There was evidence of quality improvement including clinical audit. There had been four clinical audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, an audit on accident and emergency (A&E) attendances for patients registered with the practice was completed in June 2016. The audit showed that there were 212 A&E attendances, 73% of which were inappropriate attendances, in June 2016. The practice introduced extended hours appointments three mornings per week and promoted online booking of appointments in an effort to reduce A&E attendances. A second audit took place in June 2017. The audit showed that there were 165 A&E attendances, 53% of which were inappropriate attendances, in June 2017. The practice plan to audit A&E attendances in six months.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate that most staff had completed role-specific training. For example, customer care training reception staff and dementia awareness training for clinical staff. On the day of inspection we were told that the system for managing training was

Good

Are services effective?

(for example, treatment is effective)

under review. The current system did not allow for a comprehensive overview of all staff training needs. Following the inspection the practice took immediate action and provided us with evidence that all staff were up to date with training relevant for their roles.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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 and meetings. Staff had access to appropriate training to meet their learning needs. This included ongoing support, coaching and mentoring and clinical supervision. Most staff had received an appraisal within the last 12 months. We found that a clinical member of staff had not been appraised since 2015. Following the inspection we were told that the appraisal for this member of staff was scheduled for August 2017.
- Staff had access to e-learning training modules, in-house training and told us they felt management were supportive in approving attendance to training days and courses offsite.

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.
- From the sample of nine documented examples we reviewed we found that 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 professionals 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, we reviewed notes for a patient who was identified by the practice as requiring district nursing services due to recent hospital admissions. We saw evidence that the patient was referred to the district nursing team and the practice asked the district nurses to report back on the patient's social setting and needs at the next weekly multi-disciplinary meeting.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. For example, we reviewed minutes of a multi-disciplinary team meeting called by the practice to review end of life care following an expected patient death.

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 and all clinical staff had recently completed mental capacity act training.
  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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patient who may have unmet social needs. For example, the practice introduced a 'manager's call back list'. The 'call back list' was created to reduce clinical time for patients with social needs. There are daily telephone

Good

Are services effective?

(for example, treatment is effective)

consultations with the operations manager or practice manager to discuss social needs for patients on the call back list. Patients can ask to be put on the list or can be added to the list by staff made aware of social needs.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 79% and the national average of 81%. There was a policy to offer telephone or written 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. There were failsafe systems 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the national averages. For example, data from 2015/16 showed that the practice did not achieve the 90% standard for the four sub-indicators targeted nationally. We asked the practice about this data and were told that due to the resignation of a practice nurse the immunisations target was not met. The practice provided evidence to show that the current immunisation data has improved and is on track for achieving with 90% target, one sub-indicator was already showing a 94% achievement. This data was unvalidated and unpublished at the time of inspection.

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

Good

Are services caring?

Our findings

At our previous inspection on 12 January 2015, we rated the practice as good for providing caring services.

When we undertook a comprehensive follow-up inspection on 20 July 2017 we found that the practice had maintained arrangements for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. For example, we observed that patients were acknowledged when entering the practice and we saw three separate patients thanking staff for their help on the day of inspection.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 average when compared with local and national data for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 84% of patients said the nurse was good at listening to them compared with the CCG average of 85% and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 89% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 93% and the national average of 97%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, all children aged five years or under are given same day appointments. Clinical staff were knowledgeable in regards to child safeguarding and the Children Acts 1989 and 2004.

Good

Are services caring?

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff that might be able to support them. There was an electronic sign in system in the patient waiting area which was available in multiple languages.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- All patients over the age of 75 have a named GP in line with national guidelines providing continuity of care.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups, financial support and respite for carers was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. The practice recruited members of the PPG that were carers to ensure the views of this patient group were represented in the group.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, on the day of inspection we spoke with a carer who was a patient at the practice. They told us that the clinical and non-clinical staff always made time for them. They provided us with personal examples of staff assisting them with social needs beyond the services of the practice.

Staff told us that if families had experienced 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 12 January 2015, we rated the practice as good for providing responsive services.

When we undertook a comprehensive follow-up inspection on 20 July 2017 we found that the practice had maintained arrangements for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice identified that atrial fibrillation (AF), a heart condition that causes an irregular and often abnormally fast heart rate, largely affected the older patient population. To identify and treat AF the practice pioneered the use of a mobile electrocardiogram (ECG) device to screen patients for AF. The mobile ECG is a simple test that can be used to check the heart's rhythm and electrical activity. The practice was recognised by NHS Haringey CCG for innovation in clinical care for the use of the mobile ECG to detect AF and an initiative to detect AF was funded and rolled out across the borough.

- The practice offered extended hours on a Monday, Tuesday and Wednesday morning between 7.30am to 8.30am and Tuesday evening between 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients with long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children, patients aged 75 years and older and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included an entrance for disabled patients and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6.30pm Monday to Friday. Extended hours appointments were offered on three mornings and one evening per week. In addition to pre-bookable appointments that could be booked up to 72 hours in advance, urgent appointments were also available for patients that needed them along with GP telephone consultations.

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.

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average and national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 71%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 84%.
- 77% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 35% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice operated a clinical duty system to support these decisions. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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, on the practice leaflet, notices in the patient waiting area and on the practice website.

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, we reviewed a patient complaint about accessing the practice by telephone. The practice identified a 'group' function which allowed staff that are not at reception to answer incoming calls during busy times.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 12 January 2015, we rated the practice as good for providing well-led services.

When we undertook a comprehensive follow-up inspection on 20 July 2017 we found a number of issues where improvements were required. For example, governance arrangements did not always operate effectively. On the day of inspection the practice was responsive and took immediate action to address issues we identified. However, long term solutions are required to ensure services are well-led. The practice is now rated as requires improvement for providing well-led services.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework. We noted that governance arrangements did not always operate effectively.

Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions could be improved. For example, the practice did not complete annual infection and prevention control audits, fire risk assessment or legionella testing.

- There was a completed health and safety audit which contained a small section on fire safety however this was not a risk assessment to identify and evaluate fire hazards. The practice did have firefighting equipment and fire detection/warning equipment on site and provided evidence that this equipment was appropriately maintained.
- The practice told us that they did not complete annual infection and prevention control audits. Immediately following the inspection the practice completed a comprehensive infection and prevention control audit and submitted this to us as evidence. We noted that the action plan had timescales for completion of issues identified within three months.
- On the day of inspection we asked to evidence that the practice had completed legionella testing. We were told that legionella testing had not taken place and we were given evidence during the inspection to show that the practice had arranged for testing to be completed the following week.

Procedures for stock of emergency medicines could be improved. For example, on the day of inspection we reviewed the emergency medicines and found that there were missing medicines and no documentation explaining whether these medicines should be kept in stock. Immediately following the inspection we received evidence to show those medicines were now in stock.

The practice told us that arrangements for managing staff training needs and appraisals were under review at the time of our inspection. When we reviewed training and appraisals we found that there gaps in training and that the system in place did not allow for a comprehensive overview of staff training and appraisal needs.

For example:

- six members of staff had not completed fire safety training
- four members of staff had not completed basic life support training
- six members of staff had not completed infection and prevention control training
- six members of staff had not completed information governance training

Immediately following the inspection the practice sent us a comprehensive training matrix which identified completed and required training for all staff. The matrix also recorded appraisals for staff. The practice submitted evidence that all staff had now completed fire safety training, basic life support training, information governance training and infection and prevention control training.

We also identified that a clinical member of staff had not been appraised since 2015. Immediately following the inspection the practice confirmed that this member of staff was scheduled to have an appraisal in August 2017.

Are services well-led?

Requires improvement

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

Although we identified weaknesses in governance we noted that the following structures and procedures were in place:

- 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. These were updated and reviewed regularly.
- A performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of nine documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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 and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice introduced the 'managers call back list' as a result of suggestions from the PPG. The call back list was implemented to provide support to patients who may not need a clinical consultation.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

Are services well-led?

Requires improvement

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

to improve outcomes for patients in the area. For example, the practice was noted by NHS Haringey CCG for innovative practice in screening for atrial fibrillation with the use of a mobile ECG device.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met:** There were governance systems and processes in place however these were not always effective and compliant with the requirements of the fundamental standards. In particular: • Annual fire risk assessments and infection and prevention control audits were not completed. • Legionella testing was not completed. • The stock of emergency medicines was missing supplies. • Systems in place did not highlight when staff training and appraisal was due. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.