

The Goodinge Group Practice

Quality Report

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Date of inspection visit: 14/09/2017

Date of publication: 16/11/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Goodinge Group Practice on 14 September 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- 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.

- 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.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Risks were assessed and the practice operated systems to ensure these were 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 compared to the national average.
- 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. We saw evidence that staff were actively encouraged to develop their professional qualifications.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2017, showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- 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.
- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.
- Easy to understand and accessible information about services was available for patients.
- We saw that 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG) in particular with regard to the appointments system. The premises and services had also been adapted to meet the needs of people with disabilities.
- 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 12 examples reviewed 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 it. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- High levels of communication were observed in all areas of work in the practice and this was facilitated by regular team and practice meetings. For example, in addition to formal planned meetings, staff would often meet informally as the need arose to identify and find solutions for the challenges and concerns of each day.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- 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.
- Where older patients had complex needs, the practice shared summary care records with local care services such as the out of hours provider and community teams.
- Patients aged 75 years or over had a named GP were offered an annual health check, which could be carried out at home if needed.
- Patients visiting the Age UK day centre next door to the practice were seen by clinical staff on the day if requested by day centre staff.
- Frail patients were seen by the duty doctor on the day if they attended the practice for an urgent appointment.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- There was a system to recall patients for ongoing monitoring or annual reviews to check their health and medicines needs were being met. This was coordinated so that patients with multiple long term conditions were reviewed at a single, longer appointment. Non-attenders were followed up.

Good



Summary of findings

- 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.
- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 70% compared with the CCG average of 76% and the national average of 78%. The practice exception reporting rate, was 6% compared to the CCG average of 17% and the national average of 13%.
- 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.
- There was on-site access to a range of services for patients with long term conditions. This included district nurses, a leg ulcer clinic, an anticoagulation clinic, retinal screening for diabetic patients, and a dietician.

Families, children and young people

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

- 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 for all standard childhood immunisations were above the 90% standard, ranging between 94% and 97%.
- 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.
- 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. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



Summary of findings

- 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)

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

- 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, weekday evenings and Saturday morning appointments were available.
- 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.
- Time has been allowed for every doctor to have telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- 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 and for patients with complex needs.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than both the CCG average of 83% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. A practice nurse contacts all patients on the mental health register to arrange annual appointments for health promotion and blood tests.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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 is 90% which is comparable to both the CCG and national averages.
- 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 information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Three hundred and sixty two survey forms were distributed and 104 were returned. This represented 0.8% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 26 comment cards which were all positive about the standard of care received. Patients praised the staff stating that they were professional, friendly, caring and supportive.

We spoke with 4 patients during the inspection. All 4 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

In the latest NHS Friends and Family test 98% of 73 patients who responded recommended the practice.

The Goodinge Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and also included a GP specialist adviser.

Background to The Goodinge Group Practice

The Goodinge Group Practice provides primary medical services through a General Medical Services (GMS) contract to just under 13,000 patients in the Islington area of London. The practice has an ethnically diverse patient population. There are high rates of deprivation within the CCG area and above CCG and national averages within the practice's catchment area. There has been a significant rise in the number of patients registering with the practice in the last six years with 2,287 new patients registering in 2014/2015, putting pressure on staffing resources and premises.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury.

The practice team is made up of a team nine GP partners (six female and three male). There was also a salaried GP (male) employed at the time of the inspection. The practice employs a practice manager, reception manager, three nurses, one health care assistants, plus reception and administrative staff.

The practice is a training practice and there was a trainee registrar placement at the practice at the time of our inspection.

The surgery is open and appointments are available at the practice from 8:30am to 1:00pm and from 2:00pm to 6.30pm on Monday to Friday. There is also a Saturday morning surgery from 9:00am to 1:00pm and one early morning surgery a week from 7:20am to 8:00 am. Both of these clinics are for pre-bookable appointments only. A duty doctor is in the practice until 6:30pm Monday to Friday.

Out of hours services are provided by a local provider. Access to the service is via the national NHS 111 call line. The NHS 111 team will assess the patient's condition over the phone and if it is clinically appropriate, will refer the case to the out of hours service.

Why we carried out this inspection

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including NHS Islington Clinical Commissioning Group (CCG) and NHS England to share what they knew. We carried out an announced visit on 14 September 2017. During our visit we:

Detailed findings

- Spoke with four patients and a range of staff including GPs nursing staff, the practice manager, and non-clinical staff.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- 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.

Are services safe?

Our findings

Safe track record and learning

There was a system 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. These would then be discussed at practice meetings (or sooner if required), investigated and any actions or changes in practice completed and shared with the appropriate.
- 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).
- From the sample of seven 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 safety records, incident reports, patient safety alerts and 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, an aggressive patient had attended the practice. The incident was dealt with appropriately and the police were called, but there was an element of uncertainty as to how it should have been dealt with. A full investigation took place culminating in training on how to deal with aggressive patients, and the introduction of an updated protocol.
- The practice also monitored trends in significant events and evaluated any action taken.
- The practice had a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). A MHRA policy had been developed and implemented and a spreadsheet detailed alerts received and the action taken. We looked at the action taken following recent medicine alerts and found that the practice had taken appropriate action, for example carried out searches,

identified patients and invited patients to attend reviews. We saw MHRA alerts were discussed and communicated to relevant staff, and they were an agenda item at clinical meetings.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and non-clinical staff to level 1. All staff knew who the safeguarding lead was.
- There was a system to highlight vulnerable patients on the practice's electronic records, including vulnerable families and children at risk. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. We saw evidence of this on a sample patient records we reviewed. There was also a process to record and monitor on patient records when a child has not attended for a hospital appointment. This was to identify recurrent patterns of non-attendance, which may indicate a safeguarding issue. A letter was sent to parents when non-attendance occurred.
- A notice in the waiting room, and in the consulting rooms, 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).

Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy and a comprehensive cleaning schedule was in place. Cleaning services were provided and managed by, the landlords of the practice premises. The surgery was cleaned every day. We checked the cleaning cupboard and saw a cleaning schedule was in place and all equipment was colour coded in accordance with relevant guidelines. The cleaners were managed by the landlords and signed in and out each day. There was a book for the practice to record cleaning comments in. We checked the book and saw comments recorded and remedial action taken. Patients we spoke with raised no concerns about cleanliness or infection control.
- The practice nurse was the infection prevention and control (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 staff had received up to date training. Annual IPC 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 medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- 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. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four 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.

- There was a health and safety policy available.
- The practice carried out annual fire risk assessments and we saw reports that included actions required to maintain fire safety. Records showed that there were regular fire alarm tests and fire evacuation drills carried out by the landlords of the premises. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. Staff received appropriate fire safety instruction during induction and there were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The landlords of the practice premises were responsible for the management, testing and investigation of Legionella (a germ found in the environment which can contaminate water systems in buildings). They contracted a specialist company to carry out regular Legionella checks. The landlords were responsible for implementing the recommendations and action plan.
- Clinical waste was stored appropriately and a contract was in place for its collection and disposal. Consignment notes were left with the practice manager after each collection of waste. They were then forwarded to the landlord who managed the contract on behalf of the building.
- The practice had a variety of other risk assessments to monitor safety of the premises such as health and safety, fire risk, control of substances hazardous to health and infection control.
- 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. Staff told us there were usually enough staff to maintain the smooth running of the practice and there

Are services safe?

were always enough staff on duty to keep patients safe. The practice manager told us that staffing levels were continuously reviewed to ensure staff numbers and skill mix were in line with planned staffing requirements.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. These were checked on a regular basis and we saw evidence of this taking place. 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. These included medication for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date, fit for use and stored securely.
- The practice had a comprehensive business continuity plan in place to deal with a range of emergencies that may impact on the daily operation of the practice. This included loss of the surgery building, computer system, patient records, telephone and utilities, alarm systems and incapacity of staff. It also provided key staff and supplier contact numbers. In the event of major disruption to the service, the plan identified options for suitable alternative accommodation. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- The practice had systems 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 patients' needs. We were told that guidelines and alerts were disseminated by email and discussed at clinical meetings. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them.
- 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 95% of the total number of points available. This was above the clinical commissioning group (CCG) average and the same as the national average.

The exception reporting rate of 7% was 4% below the CCG average and 2% below the national average. 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 2015-2016 showed:

- Performance for diabetes related indicators was 82% which was 6% below the CCG average and 8% below the national average.
- Performance for mental health related indicators was 95% which was 3% above the CCG average and 2% above the national average.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was

90%, which was higher than the overall CCG average of 83% and the national average of 84%. The practice clinical exception rate of 5% was lower than the CCG average of 6% and the national average of 7%.

- Performance in the outcomes for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) was higher than the CCG and national average. For example, 93% of patients had received a review of their condition in the preceding 12 months compared with the CCG average of 90% and the national average of 90%. COPD is the collection of lung diseases. The clinical exception reporting was less at 5% compared to the CCG average of 7% and the national average of 9%.
- The practice had 69 patients recorded with a learning disability. Thirty two of these patients had received an annual health assessment.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years. We looked at two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve service and patient cares. For example, an audit was completed as a result of a patient safety alert being issued by the MHRA which highlighted the risk of congenital abnormalities occurring in a developing foetus when women of child bearing age were taking Valproate (otherwise known as valporic acid). The first cycle identified 10 women of child bearing age who were taking Valproate. They were contacted and alternatives were discussed, or the risk associated with taking valproate if a pregnancy were to develop was explained. The second cycle showed that appropriate action had been taken and that risks to patients had been reduced.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment. Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted a good skill mix among the doctors with one having an additional diploma in child health, one in public health, sexual and reproductive health, and five with diplomas in obstetrics and gynaecology. All GPs were up to date with their yearly

Are services effective?

(for example, treatment is effective)

continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

- The practice had an induction programme for all newly appointed staff. New staff usually worked alongside existing staff for around one week depending on their previous experience. Induction training covered core topics such 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, the practice nurse(s) had attended accredited training in the management of long term conditions as well as for taking samples for the cervical screening programme. They were able to demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- From the sample of four 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

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. Staff confirmed that they would always seek consent before giving any treatment and would make entries in patient records about consent decisions where appropriate. We saw that consent forms were available for use by clinical staff, for example for procedures that carried a degree of risk, e.g. minor surgery, or where for other reasons they considered it appropriate to do so. The protocols covered consent for children under the age of 16 and all clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- 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 patient records audits.

Are services effective?

(for example, treatment is effective)

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. We saw patients had access to appropriate support, health screening and checks. Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable. The practice offered travel advice and vaccinations available on the NHS.
- The practice's uptake for the cervical screening programme was 74%, which was lower than the CCG average of 77% and the national averages of 81%. The practice exception reporting was 4% which was lower than the CCG average of 5% and the national average of 7%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test to encourage them to attend for screening.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake

rates for the vaccines given were comparable to CCG/ national averages. For example, rates for the vaccines given to under two year olds ranged from 94% to 97% and five year olds from 86% to 93%.

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

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.

Are services caring?

Our findings

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.

- 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 26 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 four patients who 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.

- 89% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The survey also showed that

- 87% of patients would recommend the surgery to someone new to the area compared with the CCG average of 76% and the national average of 77%.
- 90% of patients said that the last appointment they got was convenient compared with the CCG average of 77% and the national average of 81%.

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.

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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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 who might be able to support them.
- 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.

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 was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 218 patients as carers (1.6% of the practice list). Carers were offered annual flu vaccinations and health checks. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them and offered a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours from Monday to Friday between 6:30pm and 8pm. Doctors and nurses were available. These appointments were primarily for working patients who could not attend during normal opening hours. Saturday appointments were also available between 8am and 1pm.
- There were longer appointments available for patients with a learning disability.
- 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 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/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, 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.
- The practice allowed the temporary registration of patients. This included students that maybe home on holiday leave, families visiting for a period of time as well as other temporary patients. The practice offered both short term and long term temporary registrations.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday. Appointments with both GPs and Nurses were available throughout those times. Extended hours appointments were offered Monday to Friday between 6:30pm and 8pm and 8am and 1pm every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 85% 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 83% and the national average of 84%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 60% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 52% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and this was also reflected in the comment cards we received.

The practice had a system to assess:

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

GPs would generally telephone the patient before going on a home visit to determine the urgency and/or need for the home visit. Reception staff were aware of what constituted life threatening issues and in cases where the urgency of need was so great that it would be inappropriate for the

Are services responsive to people's needs?

(for example, to feedback?)

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. There were notices in the waiting area, and details could be found in the practice leaflet and on the website.

We looked at 12 complaints received in the last 12 months and found that they had all been dealt within a timely and satisfactory manner. We could see an openness and transparency about the investigation, with affected parties being kept involved and updated at all stages. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, an automated template for recording a flu vaccination being given appeared to have stopped working. It is now policy for all clinical staff to check, at the end of each surgery, that automated templates have recorded the required information.

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 which was displayed in the waiting areas and staff knew and understood the values.
- Although the practice did not have a formal business plan in place, it had identified what they did well and the areas for future development.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as safeguarding, infection control, information governance, meds management, etc. In particular, one member of staff had done a lot of work in ensuring that clinical coding is high quality and consistent. The other aim is to reduce the number of documents that clinicians need to process and code, thus reducing the pressure on clinicians.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Arrangements for assessing, monitoring and managing risks to patient and staff safety included a written log of fire safety checks and a fire evacuation policy. A legionella risk assessment had been completed and the practice had clear process for acting on external alerts that may affect patient safety.
- We saw patient files were securely stored.
- The provider had obtained the required staff recruitment checks on staff employed which included locum GPs and nurses.
- Staff had received essential training.
- An understanding of the performance of the practice was maintained. Regular clinical and practice meetings were being held which provided an opportunity for staff to learn about the performance of the practice. All

meetings were minuted which enabled staff who were not in attendance to update themselves and also for lessons to be learned and shared following significant events and complaints.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection the partners and the practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to 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). The partners encouraged a culture of openness and honesty. From the sample of 12 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

Are services well-led?

Good 

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

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, Islington Federation of GPs offered appointments at various hub practices until 8pm each evening but it was found there was an under usage of appointments. A survey was carried out and responses indicated that many patients felt that the hubs were too far away or that they weren't aware of them. It appeared that this was partly because not all receptionists were remembering to offer them. The reception team have since been made more aware of the availability of these appointments and more awareness has been created by posters in the surgery and information on the website.
- the NHS Friends and Family test, complaints and compliments received. We reviewed the feedback the practice had received for the last three months via the NHS Friends and Families test (FFT). Feedback gathered indicated that patients were likely or extremely likely to recommend the practice. Additional comments made indicated patients were very happy with their experience of the service provided by the practice.

- staff through staff meetings, annual appraisals and ad-hoc discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff feedback and requests had been acted upon. For example staff wanted some additional training as a result of some difficult encounters at reception with certain patients. A team meeting was arranged for a speaker from the Personality Disorder Team to come and give the staff advice. Also, staff were being paid on an adhoc basis for meetings they attended out of their normal working hours. They asked if they could save these payments up and be paid more of a lump sum around Christmas which would be handier for them at that time of year. This was agreed.
- 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 keen to participate in local pilot schemes which could improve outcomes for patients in the area. For example, the practice is currently participating in a flu study pilot with 5 other local practices to see if the uptake of flu vaccinations can be increased in the local area by surveying patients to ascertain the reasons why some don't respond and some decline the vaccine. They are also part of a pilot scheme focussing on moderately severe frail patients with a view to intervention to stop them becoming severely frail and ending up in hospital.

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.

This section is primarily information for the provider

Enforcement actions

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.