

Drs Bowry and Bowry's Practice

Quality Report

The Family Practice

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 17 January 2017. Overall the practice is rated as good.

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

- An annual fire risk assessment had been carried out in October 2016, but actions from it had not been implemented. Another assessment was conducted shortly after our inspection. The practice had acted on a number of its recommendations, but some remained outstanding.
- Published data showed the practice had been performing below average specifically in relation to diabetes care, although there was evidence of recent improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they found it generally easy to make an appointment and there was good continuity of care, with urgent appointments available the same day.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were areas of practice where improvement is required.

The practice must:

- Implement all the actions highlighted by the recent fire risk assessment

Summary of findings

In addition, the practice should:

- Continue with work on improving outcomes for patients with diabetes.
- Continue with efforts to improve patients' satisfaction with nurses' appointments.
- Take steps to inform patients of the availability of translation services.

- Continue with plans to expand the patient participation group and increase the frequency of meetings.

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 requires improvement for providing safe services.

Requires improvement



- An annual fire risk assessment had been carried out in October 2016, but actions from it had not been implemented. Another assessment was conducted shortly after our inspection. The practice had acted on a number of its recommendations, but some remained outstanding.
- The systems in place for reporting and recording significant events had not been consistently used to pass on learning from events and ensure that action was taken to improve safety in the practice. However, steps were taken to address this after our inspection.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Published data from the Quality and Outcomes Framework (QOF) showed patient outcomes were slightly below local and national averages. Specific indicators relating to patients with diabetes were significantly below average. However, the practice had an action plan in place and current data showed that performance was improving.
- The practice monitored performance and where the need for some improvement had been identified it had implemented actions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed the practice was generally comparable with others in respect of most aspects of care. However, responses relating to appointments with practice nurses were below average.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Morning and evening appointments were available for patients not able to attend during normal working hours. In addition, the practice offered Saturday morning appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had various up to date policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted upon. The patient participation group was active, but met infrequently.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, with home visits and longer appointments were available for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 73 patients currently on the register, and 69 had had their care plans reviewed.
- Data showed that 254 patients aged over-65 were prescribed ten or more medicines; of whom 156 (62%) had had an annual structured medication review.
- Two hundred and thirteen patients identified as being at risk of developing dementia had received a cognition test or memory assessment.

People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. Data showed the practice had the highest prevalence for diabetes in the borough. The practice patient list had increased by approximately 55% due to two nearby practices closing in the last two years. In addition, one of the partner GPs, who was lead for diabetes, had been on extended leave recently. The combination of events had had an impact on service delivery and performance. We noted from current data that there had been an improvement -

Requires improvement



- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 75%, compared with the national average of 77%.
- The percentage of patients with diabetes in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 53%, compared with the national average of 78%. However, current data showed the practice rate had increased to 64%.
- The percentage of patients with diabetes in whom the last IFCC HbA1c is 59 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 45%, but had increased to 55%.

Summary of findings

- The percentage of patients with diabetes in whom the last IFCC HbA1c is 75 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 60%, but had increased to 70%.
- The practice maintained a register of 365 patients with diabetes. Of these, 321 (88%) had had an annual foot check and 135 (37%) had had a retinal check.
- 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 3 RCP questions (01/04/2015 to 31/03/2016) was 66%, compared with the national average of 75%. The practice showed us current data which confirmed its figure had increased to 88%.
- 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 (01/04/2015 to 31/03/2016) was 78%, compared with the national average of 89%. The practice showed us current data which confirmed a slight increase to 79% and confirmed that the remaining patients were booked in for review before April 2016.
- Thirty-seven (86%) of the 43 patients on the heart failure register had had a medicines review.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- The practice worked closely with health visitors, to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and maintained a register of vulnerable children.
- Take up rates for standard childhood immunisations were mixed but generally comparable with local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

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 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.
- Morning and evening appointments were available for patients not able to attend during normal working hours. In addition, the practice offered Saturday morning appointments.
- Telephone consultations with GPs were available each day.
- The practice's uptake for the cervical screening programme was comparable with the local and national average.
- Data showed that 4,012 patients (78% of those eligible) had had their blood pressure checked.

Good



People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances, including a register of homeless patients and travellers, who could register at the practice address to receive healthcare-related correspondence.
- It maintained a learning disability register of 31 patients who received an annual follow up.
- Appointments for patients with learning disabilities were 30 minutes long.
- Easy-read leaflets were available for patients with learning disabilities, to help them in discussion and decision-making about their healthcare issues.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- A drugs and alcohol counsellor held weekly clinics at the practice.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

Good



Summary of findings

- 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 (01/04/2015 to 31/03/2016) was 81%, compared with the local average of 89% and the national average of 88%. However, we saw current data which showed the practice rate had improved to 93%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 72%, compared with the local and national average of 83%. We saw from current data that the practice rate had improved to 87%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had completed online training relating to the Mental Capacity Act.

Summary of findings

What people who use the service say

The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016. The results showed the practice was performing slightly below local and national averages. Three hundred and thirty-eight survey forms were distributed and 101 were returned. This represented roughly 1.9% of the practice's list of approximately 5,250 patients.

- 78% of patients found it easy to get through to this practice by phone, compared to the local average of 77% and the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 84% and the national average of 85%.
- 70% of patients said they usually got to see or speak to their preferred GP, with the local average of 51% and the national average of 59%.
- 82% of patients described the overall experience of this GP practice as good, compared to the local average of 82% and the national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, and spoke with ten patients during the inspection, together with a member of the patient participation group (PPG). All 25 of the patient comments cards we received were positive regarding the practice providing a caring service. One patient expressed concerns with a particular GP, but said they were happy with the others. Two of the comment cards we received mentioned there were sometimes problems getting appointments. Two others mentioned long waiting times, but it was not clear if this meant waiting for an appointment or waiting to be seen when at the surgery. One card mentioned occasional difficulty getting through by phone, which a patient also mentioned to us, and another complained about the receptionists, without giving any details of the concerns. The PPG member was positive about the practice's engagement with the group, but the meetings were infrequent.

We saw the most recent results Friends and Family Test, relating to the preceding three months. There had been 367 responses from patients and 95% of them would recommend the practice, with 2.5% saying they would not recommend it.

Areas for improvement

Action the service **MUST** take to improve

- Implement the actions highlighted by the recent fire risk assessment.

Action the service **SHOULD** take to improve

- Continue with work on improving outcomes for patients with diabetes.

- Continue with efforts to improve patients' satisfaction with nurses' appointments.
- Take steps to inform patients of the availability of translation services.
- Continue with plans to expand the patient participation group and increase the frequency of meetings.

Drs Bowry and Bowry's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Bowry and Bowry's Practice

Drs Bowry and Bowry's Practice, also known as the Family Practice, operates at 117 Holloway Road, London N7 8LT. The premises are owned by one of the partner GPs and have good transport links nearby, being close to Highbury and Islington station.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 5,250 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 38 general practices. The practice is registered with the Care Quality Commission to carry out the following regulated activities - Treatment of disease, disorder or injury; Family Planning; Maternity and midwifery services; and Diagnostic and screening procedures. The patient profile has a significantly higher than average population of working age adults between the ages of 25 and 34 and a slightly higher than average number of adults between 35 and 39. There is fewer than average adults aged over-45 and slightly more than average infants aged up to four years. The deprivation score for the practice population is in third "more deprived decile", indicating a higher than average deprivation level

among the patient population. The practice list has increased by 1,880 patients (approximately 55%) since October 2014, following the closure of two nearby practices.

The practice has a clinical team comprising the two male partner GPs provider (one working seven clinical sessions a week; the other working two) and two salaried GPs (one female, working six clinical sessions and one male, working eight); there is also a long-term locum GP, who works five sessions, and a part-time practice nurse, working two and half days a week.

The administrative team is made up of a practice manager, two administrators and five receptionists, one of whom is training to be a healthcare assistant.

The practice is open from 8.00 am to 6.30 pm on Monday, Tuesday, Wednesday and Friday. On Thursday, it opens from 8.00 am to 12.30 pm, although phones are answered during the afternoon. Appointments with GPs are available between 8.30 am and 11.30 am each morning, Monday to Friday; and between 5.00 pm and 6.30 pm on Monday, Tuesday, Wednesday and Friday. Saturday morning appointments are available from 9.00 am to 11.30 am.

Routine appointments are 10 minutes long, but longer appointments may be booked if patients have more than one issue to discuss. Saturday appointments are 15 minutes long. Home visits are available for patients who may be house-bound, with requests being triaged by a GP. The GPs are also available for telephone consultations between 12.00 noon and 12.45 pm, Monday to Friday. Routine appointments may be booked online by patients

Detailed findings

who have previously registered to use the Patient Access system. It can also be used to request repeat prescriptions. There is a link on the practice website and on the practice page of the NHS Choices website.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. In addition, the CCG provides the “IHub” service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends at three sites across the borough. Appointments can be booked by patients contacting their own general practice. There is also a walk-in service available to all patients at three sites. Information about the out-of-hours provider, NHS 111 service and the nearest walk-in clinic is given on the practice website.

Why we carried out this inspection

We carried out a comprehensive inspection of the practice 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.

The practice had not been inspected previously.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017. During our visit we:

- Spoke with a range of staff including the one of the partner GPs, salaried GPs, the practice nurse, the practice manager and members of the administrative team.
- Spoke with ten patients who used the service and a member of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was system in place for reporting and recording significant events, but at the time of the inspection it was not consistently used to pass on learning from events and ensure that action was taken to improve safety in the practice.

- The practice had a protocol for recording incidents, managing any investigation, and for the analysis and recording of the outcomes. The protocol had been reviewed in April 2016 and we saw that it had been introduced and discussed at a practice meeting. The protocol and reporting form were accessible on the practice's shared drive. Staff we spoke with were familiar with the protocol and reporting form and described how they were used. We saw several examples of completed records. We were told that significant events were considered at clinical meetings, held fortnightly. They were also discussed at full staff meetings on an ad hoc basis, and were reviewed annually for submission to the CCG.
- The incident management process 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. We saw the practice had produced and implemented a relevant protocol.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, 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 these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been six issues that had been treated as significant events in the previous 12 months. We looked at the records of two incidents, including one relating to a patient, attending the practice seeking an emergency appointment, who became unwell at the surgery, following a delay in being seen. The investigation highlighted some issues with allocating emergency patients and resulted in

procedures being revised. The patient was placed on the priority list for future and was happy with the outcome. The matter was discussed, with the learning being shared, at the following staff meeting. However, the recorded learning from another incident was limited. We discussed this with staff and were sent confirmation after the inspection that significant events had been introduced as a standing agenda item at the practice's monthly quality review meetings and that full staff meetings were scheduled twice a year to discuss significant events and pass on learning. The practice sent us notes of its February 2016 quality review meeting which confirmed that two events had been discussed and reviewed and the learning from them passed on to staff.

Patient safety alerts, issued by the NHS Central Alerting System, and for example relating to particular medicines, were received by all clinical staff. One of the partner GPs was the lead for this aspect of practice and collated the alerts so received. The practice also used the Map of Medicine, a system which provided "evidence-based local guidance and clinical decision support at the point of care". The system emailed all clinical staff at the practice when alerts were issued. We saw recent examples, including a drugs recall alert relating to "Evacal D3 1500mg/400iu Chewable Tablets, after metal contamination was identified in a very small number of tablets".

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. One of the partner GPs was the named lead responsible for safeguarding adults and child protection issues. The practice protocols had last been reviewed in April 2016 and were accessible to all staff on the shared clinical computer system. The policies clearly outlined who to contact for further guidance, if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to level 3; the practice nurse and

Are services safe?

healthcare assistant to level 2; and the remaining staff to level 1. We saw that the practice manager maintained records of training provided to staff and was able to easily identify when refresher training was due, so that it could be arranged; for example, we saw that level 3 update training was booked for GPs in January and February 2017. We saw confirmation after the inspection that the training had been undertaken.

- Notices in the consultation rooms advised patients that chaperones were available if required. The service was also mentioned on the practice website. The chaperone policy was available to all staff on the practice computer system. Administrative staff who performed chaperone duties had received appropriate training in the last 12 months, and repeat Disclosure and Barring Service (DBS) checks had been carried out. 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. We interviewed several staff and discussed chaperoning. They had a clear understanding of issues and of their duties when acting as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy. One of the partner GPs led on infection prevention and control issues. The practice liaised with the local infection prevention teams to keep up to date with best practice. The infection prevention and control policy was reviewed and updated annually. An infection control audit had been carried out shortly before our inspection, but we noted it did not contain an action plan. We were sent evidence that it was repeated soon after our inspection, which included a suitable plan of actions, with timescales. We saw that disinfectant gel was available, with liquid soap, and hand washing guidance was provided by posters throughout the premises. Clinical waste was disposed under an arrangement with a licensed contractor; the relevant protocol had been reviewed in June 2016. Sharps bins were correctly assembled and were appropriately date-labelled. We noted that there were no purple bins for sharps contaminated with hormones. We discussed this with staff who confirmed these would be obtained forthwith. After the inspection, the practice confirmed that some had been delivered. The practice had a sharps injury protocol, which was accessible on the shared computer system. The practice used both and disposable and washable curtains in the treatment

and consultation rooms; these had a note affixed of when they had been put up and were due to be changed. The practice had a spillage kit and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks and staff we spoke with were aware of the appropriate procedures to follow. All medical instruments were single-use. A record was maintained of the Hepatitis B immunisation status of all clinicians and frontline staff; one staff member was due to be immunised shortly after our inspection. General cleaning was in accordance with written plans and schedules. Checklists and logs were maintained and there was a communications book to raise issues with the cleaners. There were written procedures relating to the cleaning of equipment such as the spirometer and nebuliser.

- One of the partner GPs was the lead for medicines management and the practice worked closely with the CCG pharmacy team. The practice benchmarked its prescribing using data provided by the CCG. There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. Vaccines fridge temperatures were monitored twice daily and recorded. The practice manager and nurse practitioner carried out weekly monitoring and recorded stocks of medicines and vaccines, including those for home visits. Re-ordering was done every two-to-four weeks to avoid a build-up of stock if it was unused for a significant period. All the medicines and vaccines we saw were within date and fit for use. Processes were in place for handling repeat prescriptions. Blank prescription forms and pads were maintained securely with a log kept of the serial numbers. We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Criminal Records Bureau or later by the Disclosure and Barring Service.

Monitoring risks to patients

Are services safe?

The health and safety fire safety policy had been reviewed in April 2016. Staff had up to date training in health and safety and fire safety awareness. Fire fighting equipment had been inspected in September 2016. An annual fire risk assessment had been carried out in October 2016, and fire drills were conducted, most recently the day before our inspection. The risk assessment appeared to be incomplete, having no action plan. The practice arranged for another to be conducted shortly after our inspection and sent us the report, which set out various recommendations. The practice confirmed that a number of them had been actioned. But issues relating to fire doors, emergency lighting, fire signage and the siting of fire fighting equipment remained to be addressed. The annual inspection and calibration of medical equipment had been carried out in April 2016, together with the annual PAT testing of electrical equipment. The five-yearly test of fixed wiring at the premises had been carried out in August 2016. The gas supply to the premises was inspected and certified in July 2016. There was a variety of risk assessments in place to monitor safety of the premises. These included a risk assessment relating to the Control of Substances Hazardous to Health (CoSHH) carried out in April 2016. The practice had a policy relating to legionella - a particular bacterium which can contaminate water systems in buildings – which had been reviewed in April 2016. A risk assessment relating to legionella was overdue, but we were sent the report of one being carried out the day after our inspection. The practice had also arranged for an asbestos survey of the premises and none had been identified.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff were up to date with annual basic life support training.
- The practice had a defibrillator available on the premises, together with an emergency oxygen supply; a first aid kit and an accident recording book were used. We saw evidence that the equipment was checked on a weekly basis. Adult and children's masks were available.
- The practice had a range of emergency medicines which were easily accessible to staff in a secure area of the practice; all staff knew of their location. All the medicines we checked were in date and stored securely. Supplies were logged and monitored on a weekly basis. The practice had a business continuity plan in place. The plan had last been reviewed in October 2016 and contained emergency contact numbers for stakeholders, utilities providers and contractors, together with staff contact details. It made provision for the service to relocate should the premises be unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and those issued by the Islington CCG. The practice monitored the CCG website and received alerts when guidelines were issued. It also used the Map of Medicine, which includes up to date templates and local care pathways, which were appropriately revised when new guidance was issued.

- The practice had systems in place to keep all clinical staff up to date and to provide them with information to help deliver care and treatment that met patients' needs. For example, we saw that the practice had a protocol for receiving and disseminating clinical guidance, such as those issued by the National Institute for Clinical Excellence (NICE). Guidelines were received and logged onto the practice's computer system and passed on to clinical staff. We saw that NICE guidelines had been made a standing agenda item for clinical meetings. Staff showed us two examples of recent guidelines that had been received: NICE Pathways relating to "Drug treatment for rheumatoid arthritis" and NICE guideline [NG28] "Type 2 diabetes in adults: management".
- 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. One of the GP partners had lead responsibility for monitoring performance.

The published results for 2015/16 showed the practice achieved 92.3% of the total number of points available being 2.5% below the CCG and 3.1% below the national average. The practice's exception rate was 6.9%, being 4.5% below the CCG and 2.9% 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 that cannot be prescribed because of side effects. Data showed:

- The performance for diabetes related indicators was 65.6%, being 22.8% below the CCG average and 24.2% below the national average.
- The performance for hypertension related indicators was 90.9%, being 5.2% below the CCG average and 6.4% below the national average.
- The performance for chronic obstructive pulmonary disease was 92.3%, being 3.5% below the CCG average and 3.6% below the national average.
- The performance for mental health related indicators was 81.5% being 10% below the CCG Average, and 11.3% below the national average.

We discussed the results with staff and were shown current performance data. The practice patient list had increased considerably in the last two years, following the closure of two nearby practices. The increase had amounted to approximately 1,880 patients or 55% and data showed the practice now had the highest prevalence for diabetes in the borough. We were told that one of the partner GPs, who was lead for diabetes, had been on extended leave recently. The combination of events had had an impact on service delivery and performance. Staff were aware of the issues and had established viable business plans to address them, including one of the salaried GPs working extra clinical sessions. The current figures for a number of diabetes indicators from the QOF data confirmed a general improvement in performance, although some remained below the local and national averages:

- The percentage of patients with diabetes in whom the last IFCC HbA1c is 59 mmol/mol or less in the preceding 12 months was 55%, compared with 45% for 2015 / 16.
- The percentage of patients with diabetes in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 64%, compared with 53% for 2015 / 16.
- The percentage of patients with diabetes in whom the last IFCC HbA1c is 75 mmol/mol or less in the preceding 12 months was 70%, compared with 60% for 2015 / 16.

In relation to carrying out foot checks of patients with diabetes, the practice figure had improved from 66% to 88%, compared with the national average of 81%.

Are services effective?

(for example, treatment is effective)

Staff also showed us data which indicated the practice had a higher prevalence of patients experiencing poor mental health than was the average for the CCG. These included general mental health indicators, Alzheimer's disease or dementia, depression and long-term mental health problems. The data showed that the practice's clinical exception rates were lower than average; and that in some aspects, such as monitoring patients' Body Mass Index, cholesterol and blood glucose and for female patients on the mental health register undergoing cervical screening, the practice was performing above average. The practice sent us current data which confirmed in a number of indicators relating to patients experiencing poor mental health, it was achieving better than the current QOF targets and above the national average, for example for patients having an agreed care plan in place; having their alcohol intake recorded; and lithium monitoring. Data also showed that in relation to patients with dementia, the practice was performing better than the QOF targets and the national average, for example 20 patients out of 25 on the dementia register had had their care plan reviewed.

There was evidence of quality improvement including clinical audit to highlight where improvements made could be monitored. They included ones that had been initiated by the practice, as well as a number by the local CCG. There had been eight clinical audits carried out in the last two years. Of these, two were completed-cycle audits, which we reviewed with staff. The first related to antibiotics prescribing, carried out initially in October 2015 and completed in March 2016. The final results demonstrated an overall improvement to 100% in respect appropriate choice (previously 93%), appropriate dose (previously 95%) and appropriate duration (previously 73%). In relation to broad spectrum antibiotics, which act against a wide range of disease-causing bacteria, a significant improvement was made from 61% initially, to 90%. The second audit was of patients with atrial fibrillation, a heart condition that causes an irregular and often abnormally fast heart rate. The initial results showed that of 27 patients, 13 (48%) were being prescribed anticoagulants (medicines that help prevent blood clots, given to people at a high risk of getting clots, to reduce their chances of developing serious conditions such as strokes and heart attacks). The completed audit showed that of 33 patients, 19 (58%) were prescribed anticoagulants. The audit also triggered a review of the alternative anticoagulants available.

Effective staffing

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

- The practice had a recruitment policy, which had been reviewed in April 2016. There was an induction programme for all newly appointed staff, which included them completing all mandatory training. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Administrative staff were inducted over a two week period and were subject to a three or four month probationary period, if new to the NHS.
- One of the GPs was a long-term locum, but staff told us no others had been used in the last seven years. The practice used the Map of Medicine, which any locums could access and which set out guidance on local procedures and patient care pathways.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example diabetes and mental health care, safeguarding and infection control.
- 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 stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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 a range of e-learning training modules and in-house and external training.
- The practice manager maintained various spreadsheets to plan staffing arrangements for clinical and non-clinical staff, to ensure there were sufficient staff numbers available. Rotas were fixed and emailed to staff a week in advance.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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. We saw examples on various patients' records which we reviewed with the provider. These included a patient's detailed personalised care plan which set out a brief medical history, medication, action points to manage general health, and contact details for local health care providers.
- 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. We saw evidence of Multidisciplinary Team meetings (MDTs) taking place on a regular basis in combination with two other local practices; attendees included district nurses, the community matron, social workers, Age Concern and the Integrated Network Co-ordinator.

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. Staff had received training which included guidance on the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff were able to demonstrate a familiarity with children's capacity to consent to treatment, which included consideration of the Fraser Competence Guidelines, relating to contraceptive or sexual health advice and treatment.
- The practice computer system contained appropriate templates for use in establishing patients' mental capacity to consent and to record action taken in the patients' best interest. We saw the minutes of a best interest meeting, involving other care professionals.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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 the relevant service. 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. The practice had identified the smoking status of 809 patients aged over-16 years and had offered a smoking cessation clinic appointment to 687 (85%) of them. The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months (01/04/2015 to 31/03/2016) was 92%, comparable with the CCG average of 94% and the national average of 95%.

The practice's uptake for the cervical screening programme 76% being comparable with the CCG and national averages. There was a policy to offer telephone reminders for all patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and it ensured a female sample-taker was available. The practice had introduced 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 screening, with its results for both being comparable with the CCG averages.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 92%, achieving two of the four target indicators and were above national averages. Immunisations rates for five year olds ranged from 88% to 94%, being above local and national averages.

Patients had access to appropriate health assessments and checks. These included blood pressure checks for patients aged over 40 years, for which data showed that 4,012 patients (78% of those eligible) had had their blood pressure checked. The practice also carried out NHS Health

Are services effective?

(for example, treatment is effective)

Checks on 493 patients, being 50% of those eligible.
Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 25 of the patient comments cards we received were positive regarding the practice providing a caring service. We spoke with ten patients and a member of the patient participation group. Their views mostly aligned with the comments cards we received. One patient expressed concerns with a particular GP, but said they were happy with the others.

The results of the GP patients' survey, were mixed; those relating to GPs were comparable with or above local and national averages, but below average for experience at nurses' consultations. For example -

- 94% of patients said the GP was good at listening to them compared to 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 84% and the national average of 87%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 85%.
- 94% 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%.
- 73% of patients said the last nurse they saw or spoke to was good at listening to them, compared to the CCG average of 85% and the national average of 91%.
- 78% of patients said the last nurse they saw or spoke to was good at giving them enough time, compared to the CCG average of 87% and the national average of 92%.

- 76% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 85% and the national average of 91%.
- 82% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 94% and the national average of 97%.

In addition, 90% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 86% and the national average of 87%.

We discussed the results with staff. The practice nurse only worked two and half days a week and their workload had increased due to the extra patients joining the list over the past two years and the additional responsibility for patients with long term conditions, caused by the absence of one of the partner GPs. The practice had made unsuccessful efforts to recruit nursing staff. We were told that one of the salaried GPs was to increase their number of clinical sessions and we saw that one of the receptionists was in training to become a healthcare assistant, which would relieve the nurse of some work.

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. Most also told us they felt listened to and supported by staff, and generally had sufficient time during consultations to make an informed decision about the choice of treatment available to them, although one patient had mentioned a concern with one of the GPs.

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment again were mixed, with those relating to GPs being above local and national averages, while for the nurses the results were below. For example -

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

Are services caring?

- 73% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments, compared with the CCG average of 84% 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 translation services were available for patients who did not have English as a first language and a signing service was available for patients with hearing impairment. However information about these services was limited. The practice website gave general information about the NHS in languages other than English. Various additional languages were spoken by staff who could assist patients; these included Hindi, Punjabi, Swahili, Amharic, Arabic and Italian. The waiting area TV screen was to be used to provide further information for patients in languages other than English. The CCG was arranging for technical assistance with this.

We saw examples of easy-read leaflet for patients with learning disabilities, to help them in discussion and decision-making about their healthcare issues.

Patient and carer support to cope emotionally with care and treatment

There were notices and patient leaflets 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.

The practice's computer system alerted GPs when a patient was recorded as being a Carer. The practice had identified 213 patients as carers, being approximately 4% of the practice list. The practice had written information available on the practice website to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone or letter, offering a face-face or telephone consultation. We saw that information about bereavement and support services was available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Morning and evening appointments were available for patients not able to attend during normal working hours. In addition, the practice offered Saturday morning appointments.
- Emergency consultations were available for children and those patients with medical problems which required urgent consultation.
- There were longer appointments available for patients with learning disabilities and for reviews of long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available weekday lunchtimes for working patients.
- There were disabled facilities and the consultation rooms in use had step-free access.
- There were baby-changing and breast feeding facilities available.
- An interpreting service was available to assist patients for whom English was an additional language.
- Appointments could be booked, and repeat prescription requested, online.

Access to the service

The practice opened from 8.00 am to 6.30 pm on Monday, Tuesday, Wednesday and Friday. On Thursday, it opened from 8.00 am to 12.30 pm, although phones were answered during the afternoon. Appointments with GPs were available between 8.30 am and 11.30 am each morning, Monday to Friday; and between 5.00 pm and 6.30 pm on Monday, Tuesday, Wednesday and Friday. Saturday morning appointments were available from 9.00 am to 11.30 am.

Routine appointments were 10 minutes long, but longer appointments could be booked if patients had more than one issue to discuss. Saturday appointments were 15 minutes long. Home visits were available for patients who may be house-bound, with requests being triaged by a GP.

The GPs were also available for telephone consultations between 12.00 noon and 12.45 pm, Monday to Friday. Routine appointments could be booked online by patients who had previously registered to use the Patient Access system. It could also be used to request repeat prescriptions. There was a link on the practice website and on the practice page of the NHS Choices website.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. In addition, the CCG provided the "IHub" service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends at three sites across the borough. Appointments could be booked by patients contacting their own general practice. There was also a walk-in service available to all patients at three sites. Information about the out-of-hours provider, NHS 111 service and the nearest walk-in clinic was given on the practice website.

We noted that results from the GP patients survey regarding access to the service were generally comparable with local and national averages, for example:

- 78% of patients found it easy to get through to this practice by phone compared to the local average of 77% and the national average of 73%.
- 72% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 93% say the last appointment they got was convenient compared to the CCG average of 86% and the national average of 92%.
- 74% describe their experience of making an appointment as good compared to the CCG average of 69% and the national average of 73%.
- 70% usually get to see or speak to their preferred GP compared to the CCG average of 51% and the national average of 59%.
- 78% usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 59% and the national average of 65%.
- 58% feel they don't normally have to wait too long to be seen compared to the CCG average of 53% and national average of 58%.

Two of the comment cards we received mentioned there were sometimes problems getting appointments. Two others mentioned long waiting times, but it was not clear if this meant waiting for an appointment or waiting to be

Are services responsive to people's needs?

(for example, to feedback?)

seen when at the surgery. One card mentioned occasional difficulty getting through by phone, which a patient also mentioned to us, and another complained about the receptionists, without giving any details of the concerns.

We discussed patients' access to the service with staff. The increase in the patient list and the absence of one of the partner GPs had had an impact on service delivery, but the practice had viable business plans to address this.

The premises were owned by one of the partner GPs, and were compliant with relevant disability legislation. They had previously been retail premises and scope for remodelling was limited. There were three GPs' consulting rooms and the nurse's treatment room on the ground floor. A counsellors' consulting room was on the first floor. The practice had an induction loop to assist patients with a hearing impairment, but it was broken on the day of the inspection. However, we saw evidence that it had been replaced shortly after our inspection. There was a bell-call for wheelchairs users, seeking assistance from staff with entering the building. Two comment cards mentioned that the waiting area was small, but given the building constraints, it could not be extended.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the 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 posted around the premises and a complaints leaflet available at the reception area, with further information on the practice website.

We saw that two complaints had been made in the previous 12 months. The complaints were satisfactorily handled and dealt with in a timely way, with openness and transparency. The complaints were monitored, being a standing agenda item for the monthly quality review meetings. Complaints were reviewed on an annual basis, for submission to the CCG. We looked at one that related to a patient being removed from the practice's list. Investigation showed that the problem had been due to administration issues and electronic records at another practice. The matter was discussed at a practice meeting, with staff being reminded of the need for vigilance when using patient records.

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 and supporting business plans to deliver high quality care and promote good outcomes for patients. Its aims and objectives were set out in its statement of purpose, which included –

- To encourage on going improvements by working closely with those who join us to provide or commission care locally or within the NHS as a whole.
- To carry out periodic reviews on all aspects of care, on economy, efficiency and effectiveness, public transparency and information governance issues.
- To consolidate and develop services which have been put in placeand to carry forward the practice and its patients in tandem with the membership of our local Islington CCG and its mandate.
- To provide premises fit for purpose.
- To provide appropriate staffing and staffing structures fit for purpose.
- To provide clinical and managerial governance fit for purpose.
- To involve and incorporate patient opinion in the above.

Staff we spoke with were familiar with the aims and supported them fully. The practice charter was posted on its website.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice-specific policies were implemented and were available to all staff.
- There was an understanding of the performance of the practice which was maintained and reviewed
- The practice monitored the results of the GP patients' survey, producing action plans where the need for improvements was identified.
- The practice checked and responded to reviews left by patients on the NHS Choices website.

- A programme of clinical audits relating to prevalent health issues was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partner GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told they prioritised safe, high quality and compassionate care. Staff told us that the partner GPs were approachable and always took the time to listen to all members of the practice team.

The practice was aware of and had systems in place 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 partner GPs encouraged a culture of openness and honesty. The practice had systems in place 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 in place and staff felt supported the practice management.

- The practice had a programme various meetings, which included the clinical team, admin / reception and whole staff meetings.
- Complaints and significant events had been made standing agenda items at clinical and staff meetings and were reviewed annually.
- 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.
- Staff said they felt respected, valued and supported. They were involved in discussions about how to run and develop the practice. The practice encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public and staff. The practice website had a facility to submit comments and suggestions online. The provider carried out analyses of complaints directly received, together with those left by patients on the NHS Choices website.

The practice gathered feedback from patients through the patient participation group (PPG). We spoke with a PPG member who was positive regarding the practice's engagement with the group. However, we noted that there had been only one meeting this year, in March, attended by three patients. We discussed this with the practice and were saw evidence shortly after the inspection that the number of annual meetings would be increased to three. The practice sent us its February patient newsletter which confirmed this. The practice also encouraged patients' involvement in the pan-Islington PPG, allowing feedback on issues relating to the Islington CCG as a whole. The PPG and practice were working on enlarging the group and

extending the patient mix by advertising the PPG's activities on website, the practice leaflet, the practice page on the NHS Choices website and by the introduction of a dedicated notice board in the waiting area.

The practice had gathered feedback from staff through staff meetings, appraisals and general 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. Staff told us of support provided by the practice in relation to personal training needs. For example, staff had protected learning time to support their professional development. The practice had arranged for one of the receptionists, who expressed an interest, to be trained as a health care assistant.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>A recent fire risk assessment had highlighted a number of necessary recommendations. Some had been actioned, but there were outstanding issues relating to fire doors meeting required standards; emergency lighting; fire signage; and fire fighting equipment being correctly sited.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>