Elizabeth Avenue Group Practice

Quality Report

2 Elizabeth Avenue
London
N1 3BS
Tel: 020 7226 6363
Tel: 020 7226 6363
Website: http://www.elizabethavenue.org.uk/

Date of inspection visit: 29 September 2016
Date of publication: 02/03/2017

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Elizabeth Avenue Group Practice on 29 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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.
- The practice had developed a range of alerts on their IT system which prompted clinicians when prescribing.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Summary of findings

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice participated in the Year of Care project, this was CCG led and funded approach to holistic care for patients with long term conditions. It encouraged clinicians to work with patients to set personal health and lifestyle goals.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Housebound patients were highlighted on the practices computer system and had a nominated GP, who arranged routine visits 2-3 times per year.
- The practice provided GP services to two local nursing homes.
- The practice had dedicated pharmacist who reviewed medication for elderly patients and nursing home patients.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 81% compared to the national average of 83%.
- For the management of long term conditions the practice had developed a reminder system which printed the reminder for health checks on the patient's prescriptions and coded on their computer system.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice participated in the Year of Care project, this was CCG led and funded approach to holistic care for patients with long term conditions.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82% which was the same as the national average of 82%.
- The practice held a baby clinic every two weeks with the health Visitor.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients were able to book appointments online and have telephone consultations.
- Patients were able to register for online access and send messages to their GP/ practice via an on line messaging system.
- The practice offered early morning and evening appointments.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Patients could self-refer to an alcohol counsellor who held sessions once a week at the practice.

People experiencing poor mental health (including people with dementia)

Good

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

- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 83% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 92% which was higher than the CCG average of 86% and the National average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and twenty four survey forms were distributed and 116 were returned. This represented 2% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone which was better than the CCG average of 77% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried which was a higher percentage than the CCG at 75% and the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good which was higher than the CCG average of 82% and the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%).

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received, felt involved in their care and thought staff were approachable, committed and caring.

The friends and family test results showed that 88% (73% nationally) of patients find it easy to get through on the phone and 82% (78% nationally) said they would recommend the surgery to someone new to the area. 95% had confidence and trust in the last GP they saw or spoke to which was the same as the national average.

Elizabeth Avenue Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Elizabeth Avenue Group Practice

The practice is located Islington in London N1 3BS, it's situated in a purpose built two storey building. The building is owned by the original partners and the current partners are responsible for maintaining the building. They provide NHS primary medical services to approximately 7400 patients through a General Medical Services contract (a General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities) in the NHS Islington CCG area.

The premises have step free access with an accessible toilet and has baby changing facilities. It's located on Elizabeth avenue just off the busy New North Road and is well served by local buses.

The practice staff includes four GP partners (two male two female) working six sessions each, two salaried GPs one working four sessions (male) and the other working five sessions (female).They have two practice nurses both working full time and a health care assistant working 36 hours (all female). The practice manager works full time and there is a variety of reception and administration staff who work a total of 208 hours per week.

The practice is a training practice and currently has two registrars.

The practice is open from;

Monday 08:00-13:30 14:00-18:30

Tuesday 07:30-13:30 14:00-19:30

Wednesday 08:00-13:30 14:00-18:30

Thursday 07:30-12:30 CLOSED

Friday 08:00-13:30 14:00-18:30

The practice also provides telephone consultations and home visits. The home visits are carried out between morning and evening surgery. The practice offers extended hours which are for pre-booked appointments only between 7.30am - 8.00am and 6.30pm - 7.30pm on Tuesdays. Early evenings and weekends are covered by the Islington GP hub (I:HUB 06:30pm to 8:00pm Mondays to Friday and 08:00am to 8:00pm at weekends) which is a service run by Islington GPs that offers future and on the day routine GP and nurse appointments every weekday evening and all day on weekends and bank holidays. Out of hours services are covered by the 111 service.

The practice population is largely white British (83%) with 4% coming from European Union (EU) countries and 10% coming from non EU countries. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Detailed findings

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.

The practice has not been inspected before.

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 29 September 2016 During our visit we:

- Spoke with a range of staff (GPs, nurses, administration assistant, receptionists and patients) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- 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.
- The practice carried out a thorough analysis of the significant events.

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, Following the loss of a controlled drug prescription (it was later found that the prescription was with the local pharmacy) the practice reviewed their processes and made the procedure for the accounting and handling prescriptions more secure.

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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, the nurses were trained to level 2 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The annual infection control audit was undertaken in April 2016 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 kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Good

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The practice exception reporting rate was 15% which was higher than the CCG average of 11% and the national average of 10%. (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 2015/16 showed:

- Performance for diabetes related indicators was similar to national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 93% compared with the national average of 88%. Exception reporting was 11% compared 9% within the CCG and 8% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was 81%, which is similar to national average of 83%. Exception reporting for hypertension was 7% compared to the national average of 4%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with a mental health condition who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 97% compared with a national average of 89%. Exception reporting was 12% which is comparable with the national average of 13%.

  There was evidence of quality improvement including clinical audit.
- There had been five clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice conducted a broad spectrum antibiotic prescribing audit where the audit was trying to reduce the unnecessary prescribing of broad spectrum antibiotics. The aim was to help reduce the chance of bacteria developing antibiotic resistance. A search for prescriptions issued in October 2015 for any antibiotics was performed. For each prescription, a GP checked the medical notes to ascertain if indication and dosing met the Islington CCG treatment of infections guidelines. The standard set for the audit was that choice of antibiotic, dose, and duration of course of treatment should match the Islington guidelines at least 90% of the time. The first cycle indicated 67% adherence in October 2015. As part of this audit, two actions were taken:

  1. The results were fed back to all prescribers, including education about the local antibiotic prescribing guidelines and how to access then, (and the risks of developing resistant bacteria in the community if the practice was not prescribing well).

  2. The practice set up automated alerts on their GP IT system (EMIS Web) - the alerts automatically activated if any prescription was raised for quinolone, cephalosporin and co-amoxiclav antibiotics. The alerts reminded the prescriber of the local indications for these antibiotics (such as when they should be prescribed, and when they should not be prescribed).

Good

Are services effective?

(for example, treatment is effective)

The second cycle was completed in March 2016, it indicated a significant improvement with adherence of 90% which meant the changes implicated following the first cycle had resulted in the practice meeting the audit minimum standard.

Information about patients' outcomes was used to make improvements. For example, the practice were concerned about the possible under-diagnosis of cardiovascular disease (CVD) in their patients so they programed their IT system to prompt GPs to perform a cardiovascular risk assessment in any patient newly diagnosed with high blood pressure (unless they are already known to have cardiovascular disease).This was actioned by programming a protocol on their GP software that generated an alert for relevant patients whenever a new diagnosis of hypertension is made.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example on of the practice nurses had taken an additional course in diabetes management and the HCA had taken a course in Phlebotomy.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, 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 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Islington CCG had a Medicine Optimisation team who provided the practice with an annual medicine optimisation scheme which highlighted where savings could be made across GP prescribing in Islington. The practice programed alerts to instantly alert the prescriber that they should consider a different prescription if they raised a non-cost effective prescription.

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. 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.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

- 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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and Patients were signposted to the relevant service.
- An alcohol counsellor was available on the premises once a week and smoking cessation advice was available from a local support group.
- A dietician was available on the first Monday of every month for advice.
- The practice participated in the Year of Care project.This is was a CCG led and funded approach to holistic care for patients with long term conditions.It encouraged clinicians to work with patients to set personal health and lifestyle goals. The practice had utilised an advanced, customised EMIS alert system to identify patients that would benefit from the project.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 77% and the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% (nationally 73% to 95%) and five year olds from 93% to 97% (nationally 81% to 95%).

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

Good

Are services caring?

Our findings

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.

We received one patient Care Quality Commission comment card the comments were positive about the service experienced. The patient said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was 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 to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time which is the same as the CCG average and lower than the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 84% 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 85%.
- 95% 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%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment card we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments which was higher than the CCG average of 85% and the national average of 86%.
- 83% 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%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care which was higher than 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- There was a hearing induction loop in reception.
- The practice leaflet was available in braille.

Good

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 167 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; Islington CCG wanted to reduce the risk of emerging antibiotic bacterial resistance, by the reduction of the prescribing of certain broad spectrum antibiotics (Broad-spectrum antibiotic refers to an antibiotic that acts against a wide range of disease-causing bacteria).The practice programmed IT protocols and alerts which immediately alerted a prescriber if they raised a prescription for any of these broad spectrum antibiotics. The alert provided clinicians with the local guidelines for when these antibiotics should and should not be used.

- The practice offered extended hours for working patients who could not attend during normal opening hours.
- Additional out of hours appointments were available via a network of local practices called I:HUB from 6.30pm to 8.00pm every week day, and 8.00am to 8.00pm on Saturday and Sunday.
- 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.
- Housebound patients were all coded on the practice's computer system and all had a named GP, who arranged routine visits two to three times per year and read all correspondence / medication requests related to these patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A practiced based pharmacist visited once a month and reviewed medication for patients.
- The practice designed a practice and nursing home admissions avoidance process.This was organised in discussion with one of the nursing homes the practice provided GP services to. This had helped reduce inappropriate hospital admissions out of hours and also improved the quality of care for these patients as their decisions and wishes regarding their care could be clearly read and respected.

Access to the service

The practice was open between 08.00am to 6.30pm Monday to Wednesday and Friday on Thursday they were open from 08.00-12.30. Extended hours appointments were offered at the following times on Tuesdays from 07.30am to 08.00am and 6.30pm to 7.30pm and on Thursdays from 07.30am to 08.00am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Home visits and same day appointments and telephone consultations were also available.

Out of hours services and weekends were covered by the Islington GP hub (I:HUB 06:30pm to 8:00pm Mondays to Friday and 08:00am to 8:00pm at weekends) which is a service run by Islington GPs that offers future and on the day routine GP and nurse appointments every weekday evening and all day on weekends and bank holidays.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone which was higher than the national average of 73%.

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

The practice had a system in place to assess:

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

For home visits patients had to call in the morning before 10:00am and the GPs triaged the calls to make an informed decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would

Good

Are services responsive to people's needs?

(for example, to feedback?)

be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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 handled all complaints in the practice.
- There was a complaints leaflet available to help patients understand the complaints system.

We looked at 10 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt 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; following a complaint where a patients underlying condition meant that the diagnosis of another condition was not made, the complaint was discussed at a clinical meeting and learnings shared. The practice apologised to the patient and the appropriate diagnosis was made

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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice 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 were approachable and always took the time to listen to all members of staff.

The provider 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 partners 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 by management.

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had introduced extended hours in the evenings but had problems filling the appointments, the PPG suggested because of the practice patient population of largely working age patients early morning extended hours would be more popular, the practice adopted this and the uptake was better.
- The practice had gathered feedback from staff through staff meetings, appraisals and regular staff lunches were all aspects of the practice were discussed. Staff told us

Are services well-led?

Good

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice uses IT and in particular alerts to ensure good practice in their prescribing for patient safety, reducing CCG prescribing costs and the problem of emerging bacterial antibiotic resistance (such as MRSA) in the health service. We were told that the alerts monitored over 400 different less cost effective medicines.

They also used the alerts to help reduce the number of unplanned hospital admissions of nursing home patients by ensuring that all new nursing home patients received an escalation plan and resuscitation decision, and that these were both documented clearly in the GP notes, and in specific paper patient folders in the nursing home. The Out of Hours (OOH) service also received an electronic handover form for all patients informing them that the patient would have an escalation plan and resuscitation form, and where to find them. This notification would appear automatically every time the OOH clinicians opened the patient record on their system. GPs were prompted by the software to ensure that escalation plans were updated at least three times a year.