Dr Tahir Haffiz

Quality Report

The Barnsbury Medical Practice
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Date of inspection visit: 10 October 2017
Date of publication: 14/12/2017

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	Inadequate
Are services safe?	Requires improvement
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously inspected Dr Tahir Haffiz's practice, known as the Barnsbury Medical Practice, in April 2015. We rated the practice as good overall and requires improvement for providing effective services. This was because published data showed that patient outcomes were below local and national averages.

We carried out this announced comprehensive inspection on 10 October 2017. Overall the practice is now rated as inadequate.

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

- The delivery of high quality care is not assured by the leadership, governance and culture in place.
- Data from the Quality and Outcomes Framework showed patient outcomes were significantly below local and national averages and had not improved. There were no detailed or realistic plans in place to bring about improvement.
- Patient feedback indicated there were frequent delays with appointments.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe.
- There were shortfalls in planning and providing services to meet the needs of the local population.
- There was insufficient evidence that learning from significant events and other relevant information was shared appropriately.
- There was a limited programme of clinical audit to drive improvement.

The areas where the practice must make improvement are:

- Ensure care and treatment is provided in a safe way to patients. For example, by sharing with all staff learning from significant events, safety alerts and clinical guidance; maintaining cleaning logs and records of safety checks.

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, systems and processes to assess, monitor and improve the quality and safety of the services provided.

The areas were the practice should make improvement are:

- Inform patients of the availability of chaperones and translation services.
- Review the current system to ensure that all staff members receive annual appraisals.
- Review the current system of recording clinical and practice meetings, so that relevant information is shared appropriately.
- Record verbal as well as written complaints.
- Consider how patients who wish to see a female practitioner at the practice can do so.
- Establish a process to contact patients who do not attend for their cervical screening test.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made, such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 

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

- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. On the day of the inspection, the premises appeared clean and tidy, but no logs were kept of either general cleaning activity or relating to the cleaning of medical equipment.
- Other logs, such as those recording the regular checking of the defibrillator, emergency oxygen supply and emergency medicines, were not kept.
- There was limited assurance that learning from significant events was shared appropriately and that safety alerts were reviewed and discussed by the clinical team.
- Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.

Are services effective?

Inadequate 

The practice is rated as inadequate for providing effective services and improvements must be made.

- Data from the Quality and Outcomes Framework showed patient outcomes were significantly below local and national averages. There were no detailed or realistic plans in place to bring about improvement.
- Performance data and feedback from patients indicated that there was insufficient staff and that it was not effectively utilised to meet the needs of patients and improve outcomes.
- There was limited assurance that clinical guidelines were reviewed and discussed by the clinical team.
- There was limited evidence that clinical audit drove improvement or that effective learning from audits was shared.
- Not all staff were up to date with annual appraisals.

Are services caring?

Good 

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was generally comparable with local and national averages.
- Patients said they were treated with compassion, dignity and respect.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information was provided to patients about most aspects of the services. However, patients were not informed of the availability of chaperones or translators.

Are services responsive to people's needs?

Requires improvement

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

- There were shortfalls in planning and providing services to meet the needs of the local population.
- Patient feedback indicated that appointments frequently ran late. Although the practice had drawn up an action plan, it had not been implemented and did not appropriately address patients' concerns.
- The practice had appropriate facilities and was equipped to treat patients and meet their needs.

Are services well-led?

Inadequate

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

- The delivery of high quality care is not assured by the leadership, governance and culture in place.
- The systems and processes to assess, monitor and improve the quality and safety of the services provided were inadequate.
- There was no clear vision or guiding values to achieve the practice's stated aims and objectives.
- Performance and patient outcomes were significantly below averages and had not improved over recent years. No effective action had been taken by the practice to improve.

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

Inadequate

The practice was rated as inadequate for providing effective and well led services and as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we noted -

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

Inadequate

The practice was rated as inadequate for providing effective and well led services and as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data showed that performance in relation to patients with long term conditions was significantly below local and nation averages.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 58.33%, compared with the local average of 76.07% and the national average of 78.01%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 54.73%, compared with the local average of 76.09% and the national average of 77.58%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2015 to 31/03/2016) was 56.88%, compared with the local average of 80.74% and the national average of 82.9%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that

Summary of findings

includes an assessment of asthma control using the 3 RCP questions. (01/04/2015 to 31/03/2016) was 19.53%, compared with the local average of 75.08% and the national average of 75.55%.

Families, children and young people

Inadequate

The practice was rated as inadequate for providing effective and well led services and as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Immunisation rates were below average 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had identified 49 patients as carers (1.6% of the practice list).

Working age people (including those recently retired and students)

Inadequate

The practice was rated as inadequate for effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 43.87%, compared with the local average of 76.67% and the national average of 81.43%.
- The practice offered online services and telephone consultations were available during the day for working patients.

People whose circumstances may make them vulnerable

Inadequate

The practice was rated as inadequate for providing effective and well led services and as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice registered patients living in vulnerable circumstances including homeless patients, hostel residents and those with a learning disability.

Summary of findings

- The practice had a register of 17 patients with a learning disability, of whom five (29%) had had their care plan reviewed since April 2017.
- 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.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice was rated as inadequate for providing effective and well led services and as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we noted -

- 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 87.50%, compared with the CCG average of 83.07% and the national average of 83.77%.
- 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 91.18%, compared with the local average of 89.69% and the national average of 88.77%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP Patient survey results were published July 2017 and recorded results for the period January - March 2017. The results indicated that the practice was performing below CCG and national averages. There were 375 survey forms distributed and 71 were returned. This represented 2.3% of the practice's patient list.

- 77% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 76% and to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comments cards which were positive about the caring aspects of the service. However, two mentioned frequent long waits, with appointments running late and one said more staff were needed.

We spoke with five patients during the inspection. They too were positive, saying that staff were approachable, committed and caring, but said that appointments usually ran late.

We saw the results from the Friends and Family test for the month prior to our inspection. These showed that of 21 patients surveyed, 18 were likely to recommend the practice. No patients said they would not.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients. For example, by sharing with all staff learning from significant events, safety alerts and clinical guidance; maintaining cleaning logs and records of safety checks.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, systems and processes to assess, monitor and improve the quality and safety of the services provided.

Action the service SHOULD take to improve

- Inform patients of the availability of chaperones and translation services.
- Review the current system to ensure that all staff members receive annual appraisals.
- Review the current system of recording clinical and practice meetings, so that relevant information is shared appropriately.
- Record verbal as well as written complaints.
- Consider how patients who wish to see a female practitioner at the practice can do so.
- Establish a process to contact patients who do not attend for their cervical screening test.

Dr Tahir Haffiz

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, a practice nurse specialist adviser and an Expert by Experience.

Background to Dr Tahir Haffiz

The Barnsbury Medical Practice (the practice) operates at Bingfield Primary Care Centre,

8 Bingfield Street, London N1 0AL. It shares the premises with a number of other healthcare services. The premises are purpose-built and operated by the local NHS trust. There are good transport links, with King's Cross station nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 3,100 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 33 general practices. Dr Haffiz (the provider) 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 higher than average proportion of younger adults aged 25 – 35, but fewer older patients. There are slightly more male patients than female. There is a high deprivation level among the patient population, which includes many asylum-seekers and students together with a number of hostel residents.

The provider is a sole-practitioner, who works between seven and nine clinical sessions per week. A regular male locum GP works one weekly clinical session. There is a part-time practice nurse who works three morning sessions a week. The administrative team comprises the practice manager, a records summarizer and three receptionists, all of whom work part-time.

The practice reception operates between 9.00 am and 2.00 pm each morning and between 4.00 pm and 6.00 pm on Monday, Tuesday, Wednesday and Friday. The practice is closed on Thursday afternoon and at weekends. Morning GP sessions run from 9.10 am to 12.10 pm. The provider is also available for telephone consultations each day after the morning surgery. Afternoon GP sessions are from 4.00 pm to 6.00 pm. The practice nurse's clinical sessions are from 9.00 am to 12.30 pm on Monday, Tuesday and Wednesday.

The CCG has commissioned the "IHub" extended hours 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 a central location. 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.

Routine consultations, each ten minutes long, can be booked four weeks in advance. Longer or double appointments can be booked if patients have more than one issue to discuss or for reviews of long term health conditions. Home visits are available for patients who may be house bound. Routine appointments with GPs may be booked online, via the NHS Choices website, by patients who have previously registered to use the system. It can also be used to request repeat prescriptions.

Detailed findings

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 practice 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 practice under the Care Act 2014.

The practice was previously inspected in April 2015. We had rated it as good for the key questions of providing safe, caring, responsive and well-led care and for providing care to older people, families, children and young people, working age people (including those recently retired and students), people whose circumstances may make them vulnerable and people experiencing poor mental health (including people living with dementia). Published data had shown that the practice's performance and some patient outcomes were below local and national averages. Accordingly, the practice had been rated as requires improvement for providing effective care and in respect of providing care to people with long-term conditions.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 10 October 2017.

During our visit we:

- Spoke with the provider, practice nurse and members of the administrative team. We also spoke with five patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at documents relating to practice governance and performance.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Requires improvement

Are services safe?

Our findings

There was limited assurance about safety. Systems, processes and policies were not always reliable or appropriate to keep people safe. These included how significant events and safety alerts were managed within the practice, together with it failing to maintain logs of cleaning and safety checks.

Safe track record and learning

There was a system for reporting and recording significant events, but it was not sufficiently robust to ensure that lessons learned from events were shared appropriately.

- The provider told us that staff would inform him or the practice manager of any incidents. We saw the significant event protocol, which had last been reviewed in July 2017, together with the recording template, which was available on the practice's computer system. The template 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. The practice sent us one example of a significant event before our inspection and we discussed two others with the provider at the inspection. These related to an incident in the reception area, a new cancer diagnosis and an adult safeguarding matter. Although the records we saw included appropriate learning points, there was limited evidence to confirm that the learning was shared with members of the clinical team. The provider and practice nurse told us in separate interviews that the events had been discussed with practice staff, but there were no minutes kept to confirm this.
- The provider received safety alerts via the NHS Central Alerting System and the Map of Medicine, a clinical system in use with a number of practices within the CCG. We saw recent examples of alerts issued by the Medicines and Healthcare product Regulatory Agency (MHRA) relating to insulin and pregabalin, used to treat epilepsy and anxiety. Upon receiving drugs alerts, the practice ran records searches to identify any patients effected. The provider told us that safety alerts were also discussed at clinical meetings, but no minutes were kept to confirm this.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety, for example relating to safeguarding vulnerable adults and child protection. However, in some areas, such as maintaining logs of cleaning and safety checks, we found that the systems were not sufficiently robust to ensure safety was maintained.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Relevant policies had been reviewed in July 2017 and were accessible to all staff via the shared computer drive. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The provider told us he was rarely able to attend safeguarding meetings, but provided reports where necessary for other agencies. Appropriate safeguarding alerts were included on individual patient records.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The provider was trained to safeguarding level 3, the practice nurse to level 2 and the administration staff to level 1.
- Two staff members acted as chaperones when requested. However, there were no signs in the waiting area or in the consultation rooms informing patients of the option. Nor was there any information given on the practice website. Both staff members had been 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 last review of the practice's chaperone policy had been done in July 2016 and was therefore overdue.

We saw that the practice's two consulting rooms were clean and tidy. The practice nurse was lead for infection prevention and control (IPC) and the IPC policy and checklist had been reviewed in July 2017. The practice had a range of other relevant policies, which had been reviewed at the same time. These related to clinical waste, contagious illness, hand hygiene, needle-stick injuries and specimen handling. An infection control audit had been carried out in August 2017. Practice staff told us that equipment such as the spirometer and nebuliser were cleaned after each use, but this was not recorded. The

practice did not have any purple-topped sharps bins, for safe disposal of needles contaminated with cytotoxic medicines including hormones. The practice maintained a record of staff members' Hepatitis B immunisation status. The NHS trust, which operates the premises, was responsible for general cleaning and waste management. We saw that there was a cleaning checklist, setting out daily and weekly tasks, but neither the practice nor trust staff could provide any completed cleaning logs. A risk assessment in respect of legionella, particular bacterium which can contaminate water systems in buildings, had been carried out in July 2017. We saw evidence that the trust carried out regular water temperature testing and sample analysis.

There were arrangements for managing medicines, including emergency medicines and vaccines, to minimise risks to patient safety. These related to obtaining, prescribing, recording, handling, storing, security and disposal. There were processes for handling repeat prescriptions which included the review of high risk medicines. The prescribing policy, repeat prescribing and medications review protocol had been reviewed in July 2017, together with the prescription security policy. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The vaccines fridge was monitored on a daily basis, with the contents and temperature being logged. All the medicines we checked were in date and stored securely. There were no controlled drugs kept on the premises.

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

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. The trust was responsible for facilities management at the premises and made safety records available to us.

- There was a premises health and safety policy available, which had been reviewed in July 2017, and a health and safety risk assessment had been completed in December 2016.
- The fire safety policy had been reviewed in July 2017 and the there was an up to date fire risk assessment for the premises. We saw records of regular emergency drills and quarter fire safety inspections. Firefighting equipment had been checked in January 2017; there were records of monthly inspections of the emergency lighting and the fire alarm was tested weekly. All practice staff had received annual fire awareness training.
- All electrical and clinical equipment was checked to ensure it was safe to use and was in good working order. The most recent testing had been done in February 2017. The five-yearly fixed wiring test had last been done in July 2014. Medical equipment, such as the spirometer had been checked and calibrated in August 2017.
- The practice had a variety of other risk assessments, such as the control of substances hazardous to health, to monitor safety of the premises.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received recent basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Staff told us that defibrillator and oxygen were checked on a weekly basis, but no record was maintained to confirm this. However, we saw that the equipment was in order.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Staff told they monitored emergency medicines stored on the premises and in the GPs' emergency bag, but this was not recorded. All the medicines we checked were in date and stored securely. A first aid kit and an accident book were available.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The

Requires improvement

Are services safe?

plan included emergency contact numbers for staff contractors and utilities providers. There were arrangements in place for the practice to relocate to nearby premises in an emergency.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

People receive ineffective care or there is insufficient assurance in place to demonstrate otherwise.

There was limited or no monitoring of people's outcomes of care and treatment, including limited clinical audit. People's outcomes were significantly worse than expected when compared with other similar services. Necessary action was not taken to improve patients' outcomes.

Effective needs assessment

Practice staff were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff told us that new guidelines were reviewed and discussed at clinical meetings, but no records were maintained to confirm this.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice used the Map of Medicine system, allowing clinicians, including the regular locum GP, access to online guidance. The provider showed us examples, including NICE guidance on asthma management and amlodipine, prescribed to patients with hypertension (high blood pressure).

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). At the time of the inspection, the most recently published results related to 2015/16 and showed it achieved 64.4% of the total number of points available, being 30.4% below the CCG average and 31% below the national average. The practice's clinical exception rate was 18.6%, being 7.2% above the CCG Average, and 8.8% above the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2015/16 showed the practice was performing significantly below local and national averages for most clinical domains, for example –

- Performance for asthma related indicators was 22.6%, compared with the CCG average of 95.5% and the national average of 97.3%. The exception reporting rate for the practice was 0.4% compared with CCG average of 4.4% and the national average of 7%.
- Performance for chronic obstructive pulmonary disease related indicators was 75.3%, compared with the CCG and the national averages of 95.8%. The exception reporting rate for the practice was 24.1% compared with CCG average of 11.8% and the national average of 13%.
- Performance for diabetes related indicators was 54.1%, compared with the CCG average of 88.5% and the national average of 89.9%. The exception reporting rate for the practice was 27.5% compared with CCG average of 14% and the national average of 11.6%.
- Performance for hypertension related indicators was 49.2%, compared with the CCG average of 96.1% and the national average of 97.3%. The exception reporting rate for the practice was 1.4% compared with CCG average of 4.8% and the national average of 3.9%.
- Performance for mental health related indicators was 81.7%, compared with the CCG average 91.5% and the national average of 92.8%. The exception reporting rate for the practice was 18.7% compared with CCG average of 10.7% and the national average of 11.3%.

At the inspection, the practice showed us un-validated data for the year 2016/17, and this was subsequently published on the NHS Digital website. These showed the practice had attained 63.5% of the available points for the year, compared with the CCG average of 96.4% and the 95.6%. The practice's clinical exception rate had increased to 21.9%, being 11% above the CCG average and 12% above the national average. We noted, for example the following percentages achieved by the practice for specific clinical indicators –

- Asthma - 22.2% (down from 22.6% in 2015/16) 75% below the CCG Average and 75.1% below the national average
- COPD - 69.3% (down from 75.3%) 28.4% below the CCG Average and 26.8% below the national average
- Diabetes - 42.5% (down from 54.1%) 49.2% below the CCG Average and 48.5% below the national average
- Hypertension - 26.7% (down from 49.2%) 69.8% below the CCG Average and 70.4% below the national average
- Mental health - 77.3% (down from 81.7%) 18.3% below the CCG Average and 16.3% below the national average

Inadequate

Are services effective?

(for example, treatment is effective)

We discussed the results with the provider. At our last inspection, we had noted that the practice's performance was below average. Since then the patient list had increased by approximately 600 (25%), following the closure of a neighbouring service. At the inspection, we were shown no evidence of a staffing review and staffing levels remained as before. However, the provider told us after the inspection that since the increase in the patient list the practice nurse had been working one additional clinical session per week. The provider was aware of the poor figures and had recognised the need to improve them. The provider told us that the practice would attempt to recruit more clinical staff, but plans for improvement were limited in the short term to following up as many patients as possible opportunistically during the forthcoming flu vaccination season.

There was only limited evidence of quality improvement through clinical audit. We saw that two audits had been carried out in the last year, only one being a completed-cycle audit. This related to broad spectrum antibiotic prescribing, carried out in September 2016, repeated in January 2017, following a review of prescribing at all practices by Islington CCG. The audit showed that as a consequence of action taken by the practice broad spectrum prescribing had reduced from 28.1% in September 2016 to 9.8% in January 2017. This brought it into line with prescribing levels of other practices within the CCG. It included a plan to re-audit again after 12 months to monitor the prescribing level. The other audit related to patients with asthma and their use of inhalers. It had been carried out in November 2016, with a plan to re-audit in six months. However, the re-audit had not been completed by the date of our inspection. There was no evidence, such as clinical meeting minutes, to show that the results of the audits were shared appropriately, so that effective learning from them could be achieved.

Effective staffing

The practice's performance data and feedback from patients indicated that there was insufficient staff and that it was not effectively utilised to meet the needs of patients and improve outcomes. For example, data relating to patients with long term conditions showed that performance was significantly below local and national averages and there was a low uptake for cervical cancer screening. The patient list had increased by approximately 25% since our last inspection, but there had been no review or increase in staff, other than the practice nurse working one additional clinical session. There was little evidence of forward planning for patients' reviews, the provider having told us that these would be done opportunistically over the coming months, when patients attended for flu vaccinations.

- The practice had a two week induction programme for all newly appointed staff, tailored to reflect their role and responsibility. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Records showed that some staff had received role-specific training. For example, the practice nurse had received updates on cervical screening and babies' healthcare. However, it was not clear that the learning needs of staff were identified and monitored effectively. Three staff members' appraisals were overdue and we noted the practice manager had not had an appraisal since April 2015.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We reviewed a number of patients' healthcare records, which were sufficiently maintained, made use of appropriate templates and included effective coding. We found that the practice shared relevant information with other services in a timely way.

The provider met with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. We saw that the provider attended the CCG's weekly local "Integrated Network Meetings", together with social workers, community matrons, mental health practitioners, a clinical representative from the local hospital and the Age UK Locality Navigator.

Consent to care and treatment

Inadequate

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had received relevant update training a few weeks before our visit.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the provider or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme in the five years to April 2016 was 43.87%, which was significantly below the CCG average of 76.67% and the national average of 81.43%. The practice achieved 45% of the total points available for cervical screening in 2015/16. This was 48% below the CCG Average and 52.3% below the national average. Performance data published after the inspection showed similar results for 2016/17. We discussed the results with the provider, who stated that the low figure was in part due to local patient demographics, with there being a high proportion of Muslim women, who would be reluctant to undergo tests performed by a male clinician. The practice made use of a regular male locum GP, working one session a week, but there were no plans to use a female locum to meet the healthcare needs and preferences of female patients. Nor was there any information given regarding the availability of a chaperone. Accordingly, most tests were carried out by the female practice nurse, who worked part-time. In addition, we were told that there was no process to contact patients who did not attend for their cervical screening test.

The practice encouraged its patients to attend national screening programmes for breast and bowel cancer. For example, the practice's take up rate for female patients aged 50-70, who had been screened for breast cancer in last 36 months was 50.5%, compared with the CCG average of 55.4%. The rate for patients aged 60-69, screened for bowel cancer in last 30 months was 36.4% compared with the CCG average of 47.7%

Childhood immunisations were carried out in line with the national childhood vaccination programme. Target uptake rates for the vaccines given to children aged under-2 were below standard for all four sub-indicators. The target rate for uptake is 90%; the practice achieved 74.1%, 87.5%, 83.3% and 87.5%. For MMR doses 1 and 2 provided to five year olds, the take up rate was 81.6% and 76.3%, being approximately 10-13% below than the CCG and national averages.

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. The practice had 1,251 patients aged over-45 registered. Of these, 971 (78%) had a record of blood pressure measurement in the last five years.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

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

We received nine patient comment cards as part of the inspection. All the cards were positive about caring aspects of the service. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients, who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The patient feedback was supported by the results of the 2017 national GP patient survey. The practice's satisfaction scores on consultations with GPs and nurses was generally comparable with the CCG and national averages, for example: -

- 88% of patients said the GP was good at listening to them, compared with the CCG average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time, compared to the CCG average of 83% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 95% and the national average of 95%
- 83% 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 86%.
- 83% of patients said the nurse was good at listening to them, compared with the CCG average of 86% and the national average of 91%.
- 93% of patients said the nurse gave them enough time, compared with the CCG average of 88% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw, compared with the CCG average of 95% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern, compared the CCG average of 86% and to the national average of 91%.
- 65% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 88% and the national average of 87%.

The practice had reviewed its GP patient survey results and had noted the below average result for patients' interaction with receptionists. It had produced an action plan, which included arranging additional customer care training, following some previous training provided in September 2015.

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. However, results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were mixed. Results for GP consultations were below averages, while those for nurse consultations were above. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments, compared with the CCG average of 86% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 81% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 84% and the national average of 90%.

Good

Are services caring?

- 82% 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's action plan, following its review of the GP patient survey results, included the provider reflecting on their consultation style to improve patients' perceptions and satisfaction over being involved in decisions.

There were facilities to assist patients in involvement:

- Staff told us that both face-to-face and telephone interpreting services were available for patients who did not have English as a first language. Double-length appointments could be booked when interpreters' services were used. Although information about the interpreting service was given on the practice website, there were no notices in the reception area informing patients that the service was available.
- The NHS e-Referral Service, formerly called Choose and Book, was used with patients as appropriate. This service gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients as carers (1.6% of the practice list). Carers were invited to discuss any concerns with staff. Written information was provided to direct carers to the various avenues of support available. These included the local carers' network and an organisation that provided support to palliative care patients and their relatives.

There was also information available to patients who had suffered bereavement. Staff told us that if families had experienced bereavement, they were contacted or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and / or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

There were shortfalls in planning and providing services to meet the needs of the local population. Patient feedback indicated there were frequent delays, with appointments running late. Although the practice had drawn up an action plan, it had not been implemented and did not appropriately address patients' concerns.

Responding to and meeting people's needs

- Patient feedback indicated there were long waiting times and delays with appointments. However, action to address this was not timely or effective.
- 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.
- Same day appointments were available for children and those patients with medical problems that require urgent consultation.
- Online services, such as booking appointments and requesting repeat prescriptions, were available via the practice's entry on the NHS Choices website.
- There were accessible facilities, which included step-free access. There was an induction loop available to assist patients with hearing impairment.

Access to the service

The practice reception operated between 9.00 am and 2.00 pm each morning and between 4.00 pm and 6.00 pm on Monday, Tuesday, Wednesday and Friday. The practice closed on Thursday afternoon and at weekends. Morning GP sessions ran from 9.10 am to 12.10 pm. The provider was also available for telephone consultations each day after the morning surgery. Afternoon GP sessions were from 4.00 pm to 6.00 pm. The practice nurse's clinical sessions were from 9.00 am to 12.30 pm on Monday, Tuesday and Wednesday.

The CCG had commissioned the "IHub" extended hours 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 a central location. 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.

Routine consultations, each ten minutes long, could be booked four weeks in advance. Longer or double appointments were available if patients had more than one issue to discuss or for reviews of long term health conditions. Home visits were available for patients who may be house bound. Routine appointments with GPs could be booked online, via the NHS Choices website, by patients who had previously registered to use the system. It could also be used to request repeat prescriptions. We noted that the online booking system could not be accessed via the practice website.

The practice operated from purpose-built premises with step-free access from the street. The practice had use of two consultation / treatment rooms, both of which were on the ground floor. It shared the reception and waiting area with other healthcare services operating from the building.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages, significantly so in relation to appointments running late.

- 68% of patients were satisfied with the practice's opening hours, compared with the CCG average of 73% and the national average of 76%.
- 61% of patients said they could get through easily to the practice by phone, compared to the CCG average of 77% and the national average of 71%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried, compared with the CCG average of 83% and the national average of 84%.
- 71% of patients said their last appointment was convenient, compared with the CCG average of 77% and the national average of 81%.
- 65% of patients described their experience of making an appointment as good, compared with the CCG average of 71% and the national average of 73%.
- 28% of patients said they don't normally have to wait too long to be seen, compared with the CCG average of 52% and the national average of 58%.
- 15% of patients usually wait 15 minutes or less after their appointment time to be seen, compared with the CCG average of 58% and the national average of 64%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

This was confirmed by some of the eight comments cards we received, with two mentioning that appointments were delayed and one stating that more doctors were needed. Four of the five patients we spoke with said they had usually experienced long waits and one said they sometimes did.

The practice had reviewed the GP patient survey results in the run up to our inspection and devised an action plan with measures to address the concerns. These included plans to promptly answer phone calls, with one receptionist being dedicated to the task at busy times and patients would be informed of the availability of telephone consultations with the provider and nurse. We noted that the practice also proposed to promote the use of the extended hours service and walk in centre as possible alternatives to patients seeking appointments at the practice. This did not appropriately address the issues over access to the service. Regarding delays and appointments running late, the plans included ensuring that sessions started on time; that staff should avoid interrupting consultations with non-urgent matters and fitting appointments between pre-booked slots; ensuring that patients likely to require more time be given double appointments; and that private consultations be limited to the end of each session. The action plan had not yet been implemented by the date of our inspection and the provider mentioned in discussion with us a timescale of six months for this to be done.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns, but it was not sufficiently robust to ensure that there was appropriate learning from complaints or that any learning was shared.

- We saw that information was available to help patients understand the complaints system. For example leaflets were available in the waiting area and information was provided on the practice website.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- There was some evidence that lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care.

The provider told us one written complaint had been received in the previous twelve months. From the summary record, we saw that it related to a secondary referral process, and had been investigated appropriately by the practice. The complaint led to the practice reviewing and updating its referral procedure, with the provider reflecting on the matter and discussing it with his appraiser. The provider told us than in addition to the written complaint there had been five verbal complaints made over the year. These related mostly to delays and had been resolved straight away. However, the practice did not record verbal complaints for use in monitoring performance. The provider told us that complaints were discussed at staff meetings, but there were no minutes kept to confirm this.

Are services well-led?

Inadequate

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

Our findings

The delivery of high quality care is not assured by the leadership, governance and culture in place.

Vision and strategy

The practice had a number of service aims and objectives, which were set out in its statement of purpose. However, there was no clear vision or guiding values to achieve this. Performance and patient outcomes were significantly below local and national averages and had not improved in the last two years.

Governance arrangements

The practice had a governance framework, which included written policies, procedures and protocols. However, we found that governance in the practice was ineffective. Consequently this caused other areas of the service provided by the practice to be ineffective and unsafe. Significant issues were not adequately managed. There was no formal system for managing clinical meetings, by means of using standard agenda items and record keeping. Accordingly, there was no evidence that learning from significant events was shared appropriately to improve practice. Nor was there evidence that safety alerts and clinical guidance was discussed at clinical meetings. The practice used a regular male locum GP, who worked one clinical session a week, but did not attend clinical meetings. The absence of meeting records meant there was no evidence the locum was kept informed of relevant issues.

Limited use was made of QOF as a means of monitoring and improving quality and performance and there were no alternative processes in place. There was only limited evidence that clinical audit was used to drive improvement. The two audits which had been carried out in the previous year had been instigated by the CCG and there was no evidence that the findings were discussed with staff and that learning was shared appropriately.

Leadership and culture

Staff told us the provider and practice managers were approachable and always took the time to listen to them.

The practice was aware of 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 provider encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment. The practice gave affected people reasonable support, truthful information and a verbal and written apology. However, it did not keep written records of verbal complaints.

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

- 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 meetings were held on a monthly basis, but these were informal and no records were kept.
- Staff said they felt respected, valued and supported.
- Staff members were up to date with mandatory training, but three were overdue their annual appraisals.

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

The practice sought feedback from patients and staff. Patients could provide feedback using a suggestions box in the waiting area and by submitting comments via the practice website. The practice showed us the results of the Friends and Family Test for the previous month, which were positive, but was not able to provide any previous data. The provider stated that staff had been instructed to collect the data each month going forwards.

We spoke with a member of the PPG, who was positive regarding the practice's engagement with the group. The PPG was made up of around six patients of varying ages and backgrounds. It met on an annual basis with the provider and practice manager. The practice did not conduct its own surveys, but we saw PPG minutes which showed the GP patient survey results had been reviewed.

Continuous improvement

There was little innovation or service development. There was minimal evidence of learning and reflective practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • No logs were kept of either general cleaning activity or relating to cleaning of medical equipment in line with recognised guidance. • Other logs, such as those recording regular checks of the defibrillator, emergency oxygen supply and medicines, were not maintained. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **How the regulation was not being met** • The registered person had failed to establish effective systems and processes to enable the registered person to assess, monitor and improve the quality and safety of the services provided. • There were no detailed or realistic plans to achieve the practice's aims and objectives, or to adequately address significant issues that threaten the delivery of safe and effective care. • The system for reporting and recording significant events was not sufficiently robust to ensure that learning was shared appropriately. • The system for handling safety alerts did not ensure they were reviewed and actioned consistently well. • There was not an effective process to ensure that clinicians were aware of relevant and current evidence based guidance and standards. **This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**