

Stroud Green Medical Clinic

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Stroud Green Medical Clinic	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stroud Green Medical Centre on 23 September 2016. Overall the practice is rated as requires improvement.

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 not always assessed and well managed for example there was no system to monitor uncollected prescriptions.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had not always 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 generally 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 leadership structure and staff felt supported by management although there were gaps in the clinical governance arrangements regarding safety and monitoring quality and audits were not used to drive improvements. The practice 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.

The areas where the provider must make improvement are:

- Review induction process to include infection prevention and control and governance.

Summary of findings

- Develop the governance structure to support the delivery of good practice and quality care.

The areas where the provider should make improvement are:

- Consider how to record near misses.
- Develop an effective system to monitor prescriptions issued but not redeemed.
- Ensure PSDs are available to support healthcare assistants in their role.

- Ensure recruitment checks are consistent and complete for all staff.
- Develop and formalise the strategy and business plan for the practice to reflect the vision and values and to monitor improvements.
- Continue to develop the PPG to support patient participation and feedback.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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.
- Risks to patients were not always assessed and well managed.
- There were no Patient Specific Directions (PGDs) to support the healthcare assistant administering influenza vaccinations, this was put in place after the inspection.
- Evidence required for recruitment processes were inconsistent and records we viewed did not reflect the practice policies.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally at or above average compared to the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a lack of two cycle clinical audits to demonstrate quality improvement.
- Staff generally had the skills, knowledge and experience to deliver effective care and treatment, although key training had not always been consistently provided to non clinical staff.
- There was evidence of appraisals for staff who had been at the practice for over a year.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

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

Requires improvement



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care, and the practice had identified areas requiring improvement and had taken action, although it was too early to see the impact of the changes.
- Patients said they were treated with compassion, dignity and respect and they were generally involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 development of the i-Hub service which provides a daily 8am to 8pm service that the practice patients can access.
- 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.

Good



Are services well-led?

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

- The practice had governance arrangements in place to support the delivery of good quality care and to monitor risks to patients, however these were not fully implemented. This resulted in gaps in staff training and recruitment processes, incomplete risk assessments, business planning and clinical audits. The practice told us this was due to instability in the staff team, and that this had recently improved.
- The practice had a 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.

Requires improvement



Summary of findings

- There was a 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.
- 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was not active.
- There was a focus on continuous learning and improvement at all levels, now that a stable staff team had been developed.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for effective, caring and well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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.
- The practice engaged with local services, including local community navigators and voluntary sector organisations to provide further support and signposting.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice offered health checks to patients aged over 75.
- The practice triaged all home visit requests and worked in conjunction with other multidisciplinary professionals to facilitate earlier intervention.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for effective, caring and well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- In conjunction with the lead GP, nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 79% of patients last IFCC-HbA1c (a specific blood glucose level test) measured 64 mmol/mol or less (CCG 77%, national 78%).
- 82% of patients last blood pressure reading measured 140/80mmHg or less (CCG 77%, national 78%).
- 88% of patients had a record of a foot examination and risk classification (CCG 89%, national 88%).

Requires improvement



Summary of findings

- 87% of patients with asthma had an asthma review (CCG 77%, national 75%).
- 92% of patients with chronic obstructive pulmonary disease (COPD) had a review including an assessment of breathlessness (CCG 91%, national 90%).
- 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 nurse visits housebound patients who need a chronic disease review.
- Support for smoking cessation and weight management were available to support people with long term conditions.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for effective, caring and well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 79% and the national average of 82%.
- 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 and health visitors.
- The practice provided postnatal reviews and 6-8 week baby checks.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as requires improvement for effective, caring and well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer.
- Telephone appointments were available for those who prefer this.
- The practice provided an early morning clinic three times a week from 6.30am to 9am.
- Patients can access the i-Hub service 8am to 8pm daily, this allows them to have an appointment at an Islington GP surgery where the doctor or nurse seeing them will have full access to their medical records.
- The practice provided a self-service POD to enable patients to check and record their own blood pressure and weight which would be automatically transferred to their patient notes and provide additional time during their consultation if necessary.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for effective, caring and well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, those with a learning disability and palliative care.
- The practice offered longer appointments for patients with a learning disability and those with complex needs. They offered patients with a learning disability an annual review.

Requires improvement



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

The provider is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for effective, caring and well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG (85%) and national (84%) average.
- 82% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record (CCG 89%, national 88%).
- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded which was comparable to the CCG (90%) and national (90%) average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 and had an unplanned admissions register.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7th July 2016. The results showed the practice was generally performing in line with local and national averages. Three hundred and sixty one survey forms were distributed and 84 were returned which represented a completion rate of 23% and 1.3% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average 77% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards all of which, with the exception of two were positive about the standard of care received. Most patients thought staff were helpful, friendly, caring, professional, respectful, and generally provided a very good service. Of the two negative comments one related to charging for letters, and felt they had to come back for appointments with no real reasons and the other felt staff were nice but were unable to provide specialist advice for their condition although they were currently treated for this by hospital specialists.

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

Stroud Green Medical Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stroud Green Medical Clinic

Stroud Green Medical Clinic is an established GP practice situated within the London Borough of Islington and lies within the administrative boundaries of NHS Islington Clinical Commissioning Group (CCG).

The practice provides personal medical services to approximately 6280 patients living within its catchment area. The practice holds a General Medical Services (GMS) contract with NHS England. The practice has its surgery located on Stroud Green Road, N4 3PZ and is served by good transport links by both bus and rail services with Crouch Hill overground rail station within a short walk. Buses W3, W7 and 210 stop nearby with the closest underground station being Finsbury Park. The surgery has no wheelchair or step free access, and no parking facilities. The practice has an accessible toilet and they have access to a hearing loop system for deaf and hearing impaired patients and visitors as required.

The practice population is ethnically diverse, with the highest proportion being from the following groups - white British 44%; white other 15%, black African 7% and black Caribbean 7%. The area has significant deprivation with an Indices of Multiple Deprivation (IMD) score of 3 (third most deprived decile). An area has a higher IMD deprivation score than another one if the proportion of people living

there who are classed as deprived is higher. An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas.

The demographic data shows the population groups recorded at the practice were lower than the CCG average across all bandings, with the working age population being significantly higher.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic & screening procedures, treatment of disease disorder or Injury, surgical procedures, family planning and maternity & midwifery services. Some directed enhanced services are provided at this practice which includes facilitating timely diagnosis and support for people with dementia, childhood vaccination and immunisation scheme, influenza and pneumococcal immunisations, extended hours access and minor surgery.

The practice was a partnership until April 2016; however since the resignation of one of the partners, the team now comprises of one male lead GP and two part time regular locum GP's, (one male and one female). They are supported by one part time locum practice nurse, one part time locum health care assistant, one part time assistant practice manager, one full time reception manager, two full time and one part time receptionist and one part time administrator.

The reception opening hours are Monday to Friday 9am to 1pm, except Wednesdays when the practice closes at 12 noon. Afternoon reception opening is Monday to Friday 2pm to 6pm except Wednesday. Patients also have access to the i-Hub service daily from 8am to 8pm. This allows

Detailed findings

patients to have an appointment at an Islington GP surgery where the doctor or nurse seeing them has full access to patient's medical records. This service runs as a pilot under the Prime Ministers Challenge Fund.

Consultation times are Monday to Friday from 9am to 12 noon. Afternoon consultations are from 3pm to 6pm, except Wednesday. The practice opens at 6.30am three times a week in order to provide a commuter clinic, on a Monday, Wednesday and Thursday.

The provider has opted out of providing out of hours services to their own patients between 6.30pm and 8am when the practice directs patients to seek assistance from the locally agreed out of hours provider. Information is provided on the practice telephone line, the website and on the practice notice board.

The practice is contracted to provide a full range of general medical services (GMS) including chronic disease management, minor surgery (not currently provided), and NHS health checks. The practice also provides health promotion services including, cervical screening, childhood immunisations, antenatal and postnatal care, contraception and family planning.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 September 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, assistant practice manager, reception manager and administrative and reception staff 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.

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 saw that there was no record of near misses. We were told that when incidents happened these were discussed by the GPs and staff, although the GP told us they could not recall a recent one.

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, action and training was taken to ensure all staff understood action to take in event of fire which included being clear on exits and meeting points on evacuation.

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 or were in the process of updating training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level 3. Reception staff we spoke to told us they had completed child safeguarding level 1.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP in conjunction with the practice nurse were the infection control clinical leads who liaised with the local infection prevention teams, where required, to keep up to date with best practice. There was an infection control protocol in place and this was a standing agenda item at clinical and practice meetings. However we saw that most non clinical staff had not received up to date training and there was no evidence infection control was included as part of staff induction. Annual infection control audits were undertaken and we saw evidence that actions identified from the most recent audit in September 2016 identified areas for improvement and an action plan with resolution dates was in place.
- 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). However we saw that there was not an effective system in place for monitoring of prescriptions issued for patients and noted that 11 prescriptions had not been collected one month after the date of issue. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw that patients on high risk medicines such as Warfarin and Lithium had the recommended blood tests conducted and where this was not done in one case the medication was stopped. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions (PGD) 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). Health Care Assistants were trained to administer vaccines such as influenza against a patient specific direction (PSD) from a prescriber; however PSDs were not in place on the day of inspection. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed three personnel files and found that not all files had evidence of appropriate recruitment checks prior to employment. For example they did not have a full employment history and interview summary and one did not have proof of identity.

Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice did not have an up to date fire risk assessment, this had been booked to be completed on 25 October 2016. The most recent fire drill had taken place on 14 September 2016. 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). There was a Legionella action plan produced on 23 August 2016 but no records were in place of the associated checks being completed.

- 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. Staff we spoke with told us there was sufficient staff on duty to meet the needs of the practice and patients.
- The practice had a high turnover of staff over the preceding eighteen months but we found that over the last six months this had stabilised and staff told us there was now a good and supportive staff team. Patients confirmed that staff were approachable and supportive.

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 clinical staff received annual basic life support training and administrative staff predominately had completed cardiopulmonary resuscitation (CPR) training. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available which was shared with the practice adjacent, however they confirmed they had ordered a new one for the practices own use. The premises had 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 business continuity plan in place for major incidents such as power failure or building damage.

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). In the most recent results published the practice achieved 97% of the total number of points available, compared to the CCG average of 94% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

Overall performance for diabetes related indicators was 82% which was similar to the CCG average of 83% and national average of 84%.

- 79% of patients last IFCC-HbA1c (a specific blood glucose level test) measured 64 mmol/mol or less (CCG 77%, national 78%).
- 82% of patients last blood pressure reading measured 140/80mmHg or less (CCG 77%, national 78%).
- 83% of 209 patients had been given an influenza vaccine (CCG 92%, national 94%).
- 77% of patients total cholesterol measured 5 mmol/l or less (CCG 79%, national 81%).
- 88% of patients had a record of a foot examination and risk classification (CCG 89%, national 88%).

Overall performance for mental health related indicators was 87% which was similar to the CCG average of 88% and national average of 87%, however exception reporting rates were lower than the local and national average.

- 82% of 77 patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record (CCG 89%, national 88%). The exception reporting rate for this indicator was 4% (CCG 11%, national 13%).
- 89% of 77 patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (CCG 90%, national 90%). The exception reporting rate for this indicator was 1% (CCG 9%, national 10%).
- 92% of 12 patients diagnosed with dementia had a face to face care review (CCG 85%, national 84%). The exception reporting rate for this indicator was 0% (CCG 7%, national 8%).

Overall performance for asthma and COPD related indicators was comparable if not better than the CCG and national average.

- 87% of patients with asthma had an asthma review that included an assessment of asthma control (CCG 77%, national 75%).
- 92% of patients with COPD had a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale (CCG 91%, national 90%).

There was evidence of quality improvement.

- There had been two clinical audits carried out in the last two years, although none of these had yet been completed as a two cycle audits.
- The practice participated in local audits, benchmarking and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of benchmarking of antibiotic prescribing showed that the practice achieved the lowest rate of prescribing in the CCG, which benefited patients and supported the National Institute for Health and Care Excellence (NICE) guidance in relation to the prescribing of antibiotics.

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as the reduction and appropriateness of antibiotic prescribing.

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, fire safety, health and safety and confidentiality; however this did not specifically include infection prevention and control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw nursing staff who had responsibility for reviewing patients with long-term conditions had attended training in improving outcomes for patients with diabetes, asthma, chronic obstructive pulmonary disease (COPD), and inhaler techniques.
- 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 continuous professional development (CPD), 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. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff who had been with the practice for over one year had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, CPR and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Although staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

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.

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 regularly 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA), although we could not find evidence that all clinical staff had received recent refresher training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- 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, alcohol cessation and those requiring support with mental health issues.

Are services effective?

(for example, treatment is effective)

Patients were signposted to the relevant service, for example iCope who provided counselling and psychological therapies and a nurse specialist who provides a fortnightly clinic for patients concerned about their alcohol intake.

- The practice provides a clinic to assist patients to give up smoking and achieve a healthier weight.
- Sexual health screening, immunisation, travel clinics and smoking cessation advice were available at the practice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 79% and the national average of 82%. 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. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. The number of women aged 50-70 screened for breast cancer in the last 36 months is 57%, in line with the CCG average of 59% and below the national average of 72%. The number of patients aged 60-69 screened for bowel cancer in the last 30 months was 41% below the CCG average of 48% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% compared to the CCG averages 91% to 98% and the national averages 73% to 95% and for five year olds from 83% to 100% compared to the CCG average 86% to 98% and the national average 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 and those over 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice was recently commended by the CCG for being amongst their best performing practices in the delivery of NHS Health Checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 42 patient Care Quality Commission comment cards we received, with the exception of two, were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice patient participation group (PPG) was not currently active but the practice were actively attempting to encourage patients to participate, even if only a virtual group, by providing details on the reception notice board, in the practice leaflet and on their website.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. The practice was generally comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 75% 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 national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 89% 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 cards 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 generally less positively to questions about their involvement in planning and making decisions about their care and treatment, compared to CCG and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 65% 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 national average of 85%.

The practice had produced an action plan in response to patient feedback in the survey and told us they felt staff turnover had adversely impacted on patient satisfaction. As a consequence they have recently recruited two regular GP locums to increase consultation time and be more responsive to patient's needs. The practice have also recruited a regular locum practice nurse and health care assistant with the future intention to recruit permanently to these roles.

Are services caring?

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.
- Advocacy support and signposting was available.
- Information of services provided and signposting to other support services were available on the practice website.

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. We saw that the practice had increased the number of carers identified over the last year to 103, which was 1.6% of the practice list. We could not find evidence of how they used the register to improve care for carers during our inspection; however written information was available to direct carers to the various avenues of support available to them in the practice and on the practice website.

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.

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 the practice participated in the i-Hub pilot to provide additional service access for patients.

- The practice offered a 'Commuter's Clinic' on a Monday, Wednesday and Thursday mornings from 6.30am to 9am for working patients who could not attend during normal opening hours.
- The practice provided a self-service POD to enable patients to check and record their own blood pressure and weight which would be automatically transferred to their patient notes and provide additional time during their consultation.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was accessible and they had a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. We saw staff support people to access the building, on the day of our inspection.

Access to the service

The practice was open between 9am and 6pm Monday to Friday, except Wednesdays when the practice closed at 12 noon. Morning appointments were from 9am to 12 noon daily and afternoon appointments were from 3pm to 6pm daily except Wednesday. Extended hours appointments were offered between 6.30am and 9am on Monday, Wednesday and Thursday. 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. The lead GP told us that they would extend surgery times to accommodate patients who needed to be seen on the day.

Patients also have access to the i-Hub service from 8am to 8pm daily; with patients able to book appointments through the practice. This allows patients to have an appointment at an Islington GP surgery where the doctor or nurse seeing them has full access to patient's medical records. This service runs as a pilot under the Prime Ministers Challenge Fund.

Out-of-hours services are communicated by calling the practice when it is closed, calls are signposted to the local out of hours service, or patients can call 111.

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

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 78%. The practice were aware of this but had not as yet specifically addressed this issue.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and 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.

The practice provided a triage system when patients requested urgent appointments. The GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system e.g. posters were displayed, a summary leaflet available in the practice and information was also available on the practice website.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt

with in a timely way, with openness and transparency. Lessons were 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, a complaint relating to a delay in reissuing a prescription for the contraceptive pill for a patient could have been prevented if staff were aware that the practice self-service health pod was not working. (The self-service health pod allows patients to take their own blood pressure and weight and send the details to their practice patient record). This prevented the patient from using it to record their blood pressure to support and approve the reissue of their prescription for the contraceptive pill. The issue was discussed at a practice meeting and guidance provided to practice staff to prevent any future reoccurrence.

Are services well-led?

Requires improvement 

(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, however until recently the absence of a stable staff team adversely impacted on fully achieving this goal.

- The practice had a mission statement however not all staff knew the detail of this, although staff knew and understood the practice values and aspirations.
- The practice had an outline strategy and business plan which reflected the vision and values however this was not formally recorded and therefore progress could not be monitored.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a staffing structure and staff were aware of their own roles and responsibilities. The lead GP told us they needed to delegate further responsibility to the assistant practice manager and identify clinical leads to transfer key areas of responsibility to.
- Practice specific policies were available to all staff, although they were not always implemented in a timely way. For example, we saw inconsistent recruitment processes and risk assessment.
- A general understanding of the performance of the practice was maintained, although where outcomes for patients with diabetes and mental health conditions were lower than local and national averages, there were no plans for improvements.
- While clinical audits were carried out, they were only single cycle so could not demonstrate improvements. There were no other quality improvement initiatives.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however these were not always completed and we saw some documents not being signed off or action plans progressed. For example we did not see logs of actions required being progressed in relation to the Legionella risk assessment.

Leadership and culture

On the day of inspection the lead GP in the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. They were aware that having a stable and skilled staff team would enable them to delegate further responsibilities to the assistant practice manager to further their development in the role. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP's and management were approachable and always took the time to listen to and support 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 and training for all staff on communicating with patients about notifiable safety incidents. The lead GP 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 lead GP but also by the assistant practice manager and reception manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP 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

Are services well-led?

Requires improvement 

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

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

- The practice had gathered feedback from patients through surveys, compliments and complaints received. For example, the practice responded to negative comments in the annual GP survey by recruiting a regular locum practice nurse, health care assistant and increasing available GP hours to provide additional clinical consultations. It was too early to see if these changes had an impact on patients experience.
- Although the PPG had not met regularly since October 2014, the practice continued to encourage participation in the group to carry out patient surveys and submit proposals for improvements to the practice management team.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

told us they felt involved and engaged to improve how the practice was run. They told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Reception staff felt that using telephone headsets would be beneficial for them in their role. This was discussed at a practice meeting and subsequently agreed.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice, although high levels of staff turnover made this difficult over the last eighteen months. However GPs and practice staff demonstrated renewed enthusiasm and commitment to achieving improvement due to increased staff stability over the previous six months. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example their participation in the i-Hub service.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had failed to ensure staff had the required training to help them carry out their role.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to ensure there were systems of clinical governance to assess and monitor the quality and safety of the services provided. There were missing risk assessments and there was no evidence of quality improvements systems.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	