

# Dr Renu Hans

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

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.

We carried out an announced comprehensive inspection on the 15 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

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

However, there were also areas of practice where the provider needs to make improvements.

The practice should -

# Summary of findings

- Proceed with plans to obtain a defibrillator – a device used to restart a person's heart in an emergency.
- Continue with efforts to increase the patient participation group to make it more representative of the practice population.

**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.

- 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 there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice did not have a defibrillator (a device used to restart a person's heart in emergencies) but told us one was on order.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- The practice had changed its appointments system, following a suggestion by the PPG.
- It had introduced a Saturday morning clinic for people who found it difficult to attend during the week.
- Patients said they generally found it easy to make an appointment, 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active, working with that of a nearby practice.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice maintained a register of 26 patients considered to be at high risk of admission to hospital, all of whom had had their care plans reviewed and shared with relevant parties.
- Ninety-five per cent of the 132 patients discharged from hospital had received a follow up consultation.
- Ninety per cent of the 426 patients prescribed more than four medicines had had their medicines reviewed
- Flu vaccination rates for older people were above the national average.
- Seventeen patients had been identified as at risk of developing dementia, of which 13 had been offered cognition tests.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients aged over 75 had a named GP.
- The practice provided a service to a nearby care home, which the GP attended weekly.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained a register of 138 patients with diabetes, of whom 101 (78%) had had an annual foot and eye (retinal) check.
- The practice had a register of 739 patients with long term health conditions. Records showed that health promotion lifestyle advice had been given to 691 (94%) of the patients.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice used its electronic records system to identify patients at high risk of developing long term conditions and to manage their health care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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 cervical screening rate was comparable with the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates for the standard childhood immunisations were high, compared with the local average.

Good



## Working age people (including those recently retired and students)

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

- The needs of 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 had carried out NHS health checks for 810 patients (56% of those eligible) and blood pressure tests on 1,048 patients (93% of those eligible) in the last five years

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- All 13 patients on the learning disabilities register had received an annual follow up and had their care plans reviewed.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations and direct access appointments for the service could be made by practice staff.
- A drug and alcohol adviser attended the practice to support patients once a week.
- 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 practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- Seventeen (77%) of the 22 patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. Sixty-seven percent of patients had evidence of advance care planning in the records.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice maintained a register of patients experiencing poor mental health of whom 36 (71%) had received an annual physical health check.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.



# Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2015, covering the period July - September 2014 and January - March 2015. The results showed the practice was performing in line with local and national averages. Three hundred and four forms were distributed and 114 (31%) were returned.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 90% found the receptionists at this surgery helpful (CCG average 86%, national average 87%).
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 88% said the last appointment they got was convenient (CCG average 87%, national average 92%).
- 74% described their experience of making an appointment as good (CCG average 69%, national average 73%).

- 69% usually waited 15 minutes or less after their appointment time to be seen (CCG average 60%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received, stating that the practice was excellent, caring, friendly and helpful. Three mentioned an occasional wait for appointments; one patient said they did not see the same doctor each time they attended and another patient said the practice seemed overworked.

We spoke with 10 patients during the inspection. All of them said that they were happy with the care they received and thought that staff were approachable, committed and caring. Two patients mentioned a two-week delay in getting an appointment but said this had not caused them any inconvenience.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Proceed with plans to obtain a defibrillator – a device used to restart a person's heart in an emergency.
- Continue with efforts to increase the patient participation group to make it more representative of the practice population.

# Dr Renu Hans

## 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 advisor, a practice nurse specialist advisor and an Expert by Experience.

## Background to Dr Renu Hans

Dr Renu Hans ("the GP") operates from 18 Dartmouth Park Hill, London NW5 1HL. Her surgery is also known as The Dartmouth Park Practice. The practice provides NHS primary medical services through a General Medical Services (GMS) contract to approximately 2,900 patients. The practice's patient list increased by around 30% in November 2014, following the closure of two nearby GP surgeries. It is part of the NHS Islington Clinical Commissioning Group (CCG) which is made up of 38 general practices.

The practice's clinical staff is made up of the GP, two part-time practice nurses and a male part-time healthcare assistant. Occasional use is made of locums to cover the GP's absence. At the time of the inspection there was an administrative team of three.

The practice is open between 9.00am and 6.30pm on Monday, Tuesday, Wednesday and Friday. On Thursday it closes at 1.30pm. Telephones are answered from 8.30am. Bookable appointments are available from 9.00am to 11.00am, Monday to Friday. After 11.00am, the GP saw triaged emergency patients. The evening surgery for bookable appointments runs from 4.30pm to 6.00pm on Monday, Tuesday, Wednesday and Friday. Between 6.00pm and 6.30pm, only emergency patients are seen. A Saturday morning clinic, run by the GP or nurse, operates between 9.00am and 12noon.

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. There is also information provided to patients regarding a local walk in centre, a service which is available to all patients and open seven days a week, together with details of the NHS 111 service.

The practice is registered with the CQC to provide the following regulated activities - Diagnostic and screening procedures, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The patient profile for the Islington CCG indicates a population of more working age people than the national average, with a particularly high proportion of younger adults in the 25 to 40 age range. There are a lower proportion of children and older people in the area compared with the national average.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

It had not been inspected previously.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 15 December 2015. During our visit we:

- Spoke with a range of staff, including the GP, practice nurse, health care assistant and administrative staff. We also spoke with 10 patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the four significant events over the preceding 12 months.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, on an occasion when staff were routinely checking the vaccine fridge temperature, it was found to have exceeded the recommended temperature range. Stock was transferred to a local pharmacist. Staff contacted the vaccines manufacturers for guidance and sourced urgent vaccines from its "buddy practice" nearby in the meantime. All staff reviewed the practice's cold chain policy to reacquaint themselves with the appropriate procedure should there be a recurrence of the problem.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. The GP was trained to Safeguarding level 3 and the nurses and health care assistant to level 2.

- A notice in the waiting room advised patients that staff would act as chaperones, if required. At the time of the inspection, clinical staff acted as chaperones and all had been trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice planned to have two of the receptionists trained and have new DBS checks carried out so they could perform the duty.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Cleaning schedules and logs were on view in each consultation room. Annual infection control audits were undertaken, the most recent being in June 2015, and we saw evidence that action was taken to address any improvements identified as a result. Sufficient supplies of personal protective equipment, such as gloves, masks and aprons, were available in each consultation room. There was a contract in place for the safe removal of clinical waste.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the health care assistant to administer vaccinations. Fridge temperature

## Are services safe?

was monitored and recorded. An occasion when the fridge had exceeded the maximum temperature was dealt with appropriately, as a significant event. No controlled drugs were kept on the premises.

- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. Firefighting equipment had been serviced in March 2015 and the fire alarm system in April 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, most recently in April 2015. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice's patient list had increased by around 500 (approximately 30%) in November 2014, following the closure of two nearby GP surgeries. Staff told us that the increase had caused difficulties with workload, for instance ensuring that the records of transferred patients were up to date. Some

patients also commented that the practice was very busy a times. Regular locums were used to cover staff absences. A locum pack, with relevant information was maintained.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen with adult and children's masks. There was also a first aid kit and accident book available. The practice did not have a defibrillator (a device used for restarting a person's heart in an emergency), having assessed the risk involved as relatively low, being located near to Whittington Hospital. However, the GP later confirmed that one was on order.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The supplies were monitored and recorded and all the medicines we checked were in date and fit for use.
- The practice had comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and included arrangements for patients to be treated at the buddy practice nearby.

# 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 peoples' 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 Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91.2% of the total number of points available, with 9.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 80.2%, being 7.6% below the CCG average and 9% below the national average.
- Performance for hypertension related indicators was 100%, being 3.3% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 73.1%, being 19.4% below the CCG and 19.7% below the national average.
- Performance for dementia related indicators was 76.9%, being 20.1% below the CCG and 17.6% below the national average.

We discussed these figures with the GP. The results relating to diabetes, mental health and dementia indicators were lower than in previous years. The taking on of approximately 500 new patients following the closure of nearby practices had contributed markedly to the

decrease, with the updating of records being a particular issue for dementia patients and those experiencing poor mental health. However, work was well advanced to address this and bring the records up to date. In addition, there were a significant number of patients with diabetes who were not fully engaging with the practice regarding their care.

Clinical audits demonstrated quality improvement -

- There had been 10 clinical audits completed in the last 2 years. Two of these were completed audits where the improvements made were implemented and monitored and we saw plans in place for other audits to be repeated.
- Findings were used by the practice to improve services. For example, following an audit of 46 patients prescribed benzodiazepines (tranquilizers), including 32 who were on monthly or three-monthly repeat prescriptions, it was found that seven patients (15%) had a documented review recorded in their notes and four patients (8.6%) had recorded notes confirming they had been informed of the risk of dependency with long term use. Many of these patients were new to the practice, having transferred from nearby practices that had recently closed. The re-audit showed that 32 patients were prescribed benzodiazepines, with eight on repeat prescriptions. All eight patients had a documented review recorded in their notes, with evidence of them being informed of the risk of dependency with long term use.
- The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. It worked closely with its "buddy practice" nearby, having weekly meetings. There were advanced plans for the practice to merge with the buddy practice to improve patient outcomes in certain areas.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place, sometimes by telephone conference, at least every two months and more often as needed. Care plans were routinely reviewed and updated. We noted that meetings with health visitors were less frequent, taking place every six months.

### 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. 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 nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. We saw evidence on patients' records of them giving appropriate consent for surgical procedures.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example, the practice had identified the smoking status of 2,529 (approximately 90%) of its patients and offered nurse-led smoking cessation advice to them. A drug and alcohol advisor attended the practice once a week. Patients were signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.57%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had recognised that some patients found it difficult to attend in normal hours for tests and offered extended hours clinics on Saturday mornings, run by the GP or nurse. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two



## Are services effective?

(for example, treatment is effective)

year olds ranged from 89.7% to 100% and five year olds it was 100% for all vaccination types. The practice also offered Human papilloma virus vaccinations to teenage girls and younger patients were signposted to local sexual health clinics.

Flu vaccination rates for the over 65s were 79.26%, being 6% above the national average and for at risk groups 49.75%, 2.5% below the national average. Patients had access to appropriate health assessments and checks.

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

The practice website had various links to local services and provided detailed information on health issues, including self-treatment.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 31 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect, although the practice was slightly below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 82%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 90% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

We discussed these figures with staff, who told us that the large expansion of the patient list had led to a significant increase in work over the last year or so, which could have affected patients' perceptions of their consultations. Some patients' comments reflected this, but they were positive about the way the practice had handled the increase.

### Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were slightly lower than local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).

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.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers. Written information was available to direct carers to the avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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.

# 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.

- The practice offered a Saturday morning clinic for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from them.
- Same day appointments were available for emergency patients and those with serious medical conditions.
- There were disabled facilities, with wheelchair access, and a hearing loop. A number of staff could speak additional languages and translation services were available for patients.
- Homeless patients could register at the practice address.

### Access to the service

The practice opened between 9.00am and 6.30pm on Monday, Tuesday, Wednesday and Friday. On Thursday it closed at 1.30pm. Telephones were answered from 8.30am. Bookable appointments were available from 9.00am to 11.00am, Monday to Friday. After 11.00am, the GP saw triaged emergency patients. The evening surgery for bookable appointments ran from 4.30pm to 6.00pm on Monday, Tuesday, Wednesday and Friday. Between 6.00pm and 6.30pm, only emergency patients were seen. A Saturday morning clinic, run by the GP or nurse, operated between 9.00am and 12noon.

Home visits were available, as were telephone consultations, for patients who might have difficulty attending the surgery. The practice provided a service to a local care home with 55 residents, which the GP attended once a week. Appointments and repeat prescriptions could be booked online by patients who had previously registered to do so.

The practice had 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. There is also information provided to patients regarding a local walk in centre, a service which is available to all patients and open seven days a week, together with details of the NHS 111 service. Details of local pharmacies participating in the local minor ailments scheme were given in the practice leaflet and on the website.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them. The practice's results were generally above average, for example -

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 68% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 74% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 69% patients said they usually waited 15 minutes or less after their appointment time (CCG average 60%, national average 65%).

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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, including posters and a complaints leaflet. The process explained how patients could escalate their complaint if they were unhappy with how the practice had dealt with it.

We looked at the one formal complaint received in the last 12 months and saw it had been appropriately handled,

## Are services responsive to people's needs? (for example, to feedback?)

dealt with in a timely way, with openness and transparency. Appropriate learning from the incident was passed on to staff to improve the quality of care. We saw that no complaints had been made by patients to NHS England regarding the practice in the preceding 12 months.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver quality care and promote good outcomes for patients.

- The practice had a written statement of purpose, which mentioned its aims “to be a highly responsive, caring unit that ensures safe, effective and confidential services to our clients....focusing on joint decision making and encourages open communication with our patients.” It included giving staff “every opportunity to up skill, learn, train and apply their expertise” and “monitoring and auditing and ensure effective and robust information governance systems.” Employees were guided in “diversity and equality” and “all patients and staff with dignity, respect and honesty.” Staff we spoke with knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership, openness and transparency

The GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GP was

visible in the practice and staff told us that they were approachable and always took the time to listen to them. The GP informed us of the recent and unexpected death of one of the staff members. We were told and saw that all staff had been affected by this sad event and we were impressed with how the practice was coping in such trying circumstances.

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 processing notifiable safety incidents.

When there were unexpected or unintended safety incidents -

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- Staff told us that the practice held regular team meetings. These were mostly informal, taking place during lunchtimes. When important items were discussed, these were recorded and copied to all staff.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG), which met together with the PPG of the buddy practice nearby. Some patients also took part in the North Islington PPG, which covered a number of other practices in the CCG area. We

# Are services well-led?

Good 

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

met with a member of the practice PPG who told us that the emergency appointment system had been introduced at the suggestion of the group. The practice PPG consisted of six people and it was recognised that it not fully representative of the practice population. We saw that the practice was seeking to increase participation by advertising the PPG's activities on the website and on a poster in the waiting area.

- The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.