

Andover Medical Centre

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

We carried out an announced comprehensive inspection at Andover Medical Centre on 13 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. While the practice identified carers, they only had 49 patients on the list which is less than 1% of the population.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review how carers are identified so they can receive advice and support.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly at or above average compared to the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had registers to identify vulnerable patients, child protection, learning disability, female genital mutilation (FGM), palliative care, housebound and avoiding unplanned admissions (AUA). In relation to FGM there are clear and comprehensive notes on each patient and a clear flag on the record of daughters of mothers with FGM stating "family history of FGM" The practice advised the mothers that a flag will be placed on the record of the daughter to mitigate the risk.
- There were detailed personalised care plans and the practice had developed their own summary care plan to compliment these, which were very thorough, identified the problem/issues, noted progress against the plan and highlighted outstanding

Good



Summary of findings

issues for further review. For example any child known to be on the child protection register is flagged on the practice computer “child protection register”. Additionally a flag stating “Family problems” is attached to all children of the same household as well as parents or other household members.

- The practice had very good vaccine monitoring processes. In addition to the routine vaccine monitoring protocols there was a folder in the nurses’ room with a table of each vaccine with the manufacturers’ telephone contact details to mitigate risks and support appropriate action by the staff team if any storage issues arose.
- The practice had a weekly MDT network meeting attended by the salaried GP, GP’s from other practices, social worker, mental health worker, Age UK and community matron. The practice used the meeting to put forward patients to achieve the best possible outcomes for them, using the skills, knowledge and resources available within the MDT to maximise levels of support and where possible avoid unnecessary unplanned admissions to secondary care. They also discuss inpatients, especially those about to be discharged with all outputs of the meeting recorded directly into the patient record.
- The CCG Integrated Care Lead for the locality (12 practices), who was a partner at the practice, chairs a monthly teleconference attended by a psychiatrist, geriatrician, social worker, pharmacist, occupational therapist, physiotherapist and a representative of a voluntary group who act as patient advocates (in relation to housing, heating, benefits and bills). GP’s referred patients to the teleconference with all decisions and outputs recorded directly into patient records, therefore no separate minutes were required.

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, Andover Medical Centre is part of Islington GP Hub service, i-Hub, which operates at three GP practices in Islington. This service provides increased access to patients outside the practice opening hours. It provides out of hours appointments to patients living in the area from 6.30pm to 8pm Monday to Friday and from 8am to 8pm on a Saturday and Sunday.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. We saw that the practice had detailed and personalised care plans and had developed a summary record sheet to record problems/issues, progress made against the plan and any outstanding issues.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 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 and did joint visits where hospital admission may be an outcome.
- 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 had a “housebound list” with named GP’s. These patients were reviewed every 6-12 months by a GP or a nurse and more frequently based on clinical need.

The practice engaged with local services, including local community navigators and voluntary sector organisations to provide further support and signposting.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a dedicated chronic disease administrator.
- Performance for diabetes related indicators was similar to the CCG and national average. An example taken from these indicators related to patients on the diabetic register with a record of a foot examination and risk classification within the preceding 12 months. This showed the practice achieved 92% compared to the CCG average of 89% and the national average of 88%.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- 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.
- Smoking cessation clinics, weight management clinics and referral for exercise programmes were available to support people with long term conditions.
- Education events with consultants were held at the practice annually as part of the locally commissioned service, for example diabetes and chronic obstructive pulmonary disease (COPD).

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. 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.
- We saw the practice had a female genital mutilation (FGM) register and daughters of mothers who had a history of FGM were flagged on the practices computer records.
- The practice uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 79% although lower than 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, which included bi-monthly meetings and interim email/telephone contact. Meetings included discussion of children on the child protection register.
- The practice provided contraception counselling, including intrauterine devices (IUD) or coil and intrauterine system (IUS) or hormonal coil clinics.
- Children specific multidisciplinary team meetings held monthly to discuss complex cases.

The practice provided postnatal reviews and 6-8 week baby checks with active invites and recall systems.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The 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 offered Meningitis vaccinations for students and was proactive in addressing this by sending text messages to students who had mobile phones and letters to those without.

Good



People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and the national average of 84%.

Good



Summary of findings

- 83% of patients experiencing poor mental health had a comprehensive care plan documented in the last 12 months, which was below the CCG average of 89% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- They carried out advance care planning for patients with dementia.
- They had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was generally performing in line with local and national averages. Three hundred and sixty nine survey forms were distributed and ninety one were returned. This represented 1.6% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 76% 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 the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 76% 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 the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Patients commented that staff were welcoming, friendly, polite, caring and supportive. Patients felt they were listened to, treated with dignity and respect and could generally get an appointment when required. Eight respondents, although positive about the overall standard of care, also added some negative feedback, four of which related to repeat prescriptions and four relating to the appointment process.

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

Andover Medical Centre

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 Andover Medical Centre

Andover Medical Centre is a well-established GP practice situated within the London Borough of Islington. The practice lies within the administrative boundaries of NHS Islington Clinical Commissioning Group (CCG) and is a member of the Islington GP Hub.

The practice provides primary medical services to approximately 5,600 patients living within its catchment area in Islington, situated between Holloway police station and Holloway fire station in Hornsey Road. The practice is in relatively close proximity to Seven Sisters Road and Finsbury Park station. The practice is located at Andover Medical Centre, 270-282 Hornsey Road, London N7 7QZ with good transport links by bus and rail services.

The building has step free access and provides wheelchair access to the entrance of the building, reception and waiting area. Additionally there is an accessible toilet and an induction loop facility for those with hearing impairments. There is limited parking on site and no disabled parking is provided.

The practice population is ethnically diverse and in terms of deprivation is in the most deprived decile with a score of 1 out of 10, people living in more deprived areas tend to

have a greater need for health services. For instance 46% of older people live in income deprived households compared to a local average of 36% and a national average of 16%.

The practice catchment area encompasses a large housing estate (Andover Estate), which has a significant area of deprivation. There is a lower than average number of patients in the age bands 65+ compared to the national average, with the majority of patients between 20 and 40. Additionally the percentage of patients with a long standing health condition (27%) is significantly less than both the CCG average of 45% and national average of 54%.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, and treatment of disease disorder or injury.

The practice is an accredited teaching practice under the London Deanery that teaches healthcare staff and persons intending to be healthcare professionals. The practice holds a General Medical Services (GMS) contact (this is the contract between practices and NHS England for delivering primary care services to local communities. The practice provides a full range of general medical services including chronic disease management, GP/nurse triage and NHS health checks. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

The practice team comprises of one female managing partner, one female and one male GP partner, one female salaried GP Registrar and a regular female locum GP. Collectively the GPs work a total of 27 clinical sessions per week, which includes four unallocated sessions picked up within the current staff group. They are supported by one full time and one part time practice nurse, a full time health care assistant, a practice manager who works nearly full

Detailed findings

time (0.9 of while time equivalent) , one full time operational manager, a part time administrative manager, one part time IT administrator, two full time and two part time reception staff.

The practice is open 8.30am to 12.30pm and 1.30pm to 6.30pm Monday to Friday, except Thursdays when the practice is only open 8.30am to 12.30pm. Additionally extended hours surgery is provided on a Monday from 6.30pm to 8pm.

Consultation times in the morning are from 8.30am to 12.00 noon Monday to Friday, afternoon consultations are from 3pm to 6pm Monday, Tuesday, Wednesday and Friday.

Andover Medical Centre is part of Islington GP Hub service (i-Hub), which runs at three GP practices in Islington and provides out of hours appointments to patients living in the area from 6.30pm to 8pm, Monday to Friday and from 8am to 8pm on a Saturday and Sunday. Patients are informed about out of hours services via a recorded message accessed by calling the practice when it is closed, the practice website and on the practice notice board. The out of hours service is provided by the locally agreed provider when the practice and i-Hub are closed.

Why we carried out this inspection

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

The practice had not been inspected before.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 July 2016. During our visit we:

- Spoke with a range of staff including GP's, nursing staff, practice manager, administrative and reception staff. We also spoke with people who worked with the practice, including, a clinical psychologist, community pharmacist and a community matron.
- We spoke with patients who used the service, including members of the patients participation group (PPG).
- 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 and used this to develop and improve their services.
- 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, staffing levels and protocols were reviewed after a member of reception staff was verbally abused and threatened by a patient. In order to support the staff member and other team members, the staff team reviewed and updated the violent policy protocol, displayed zero tolerance posters in reception and waiting areas and reviewed the rota to ensure two staff were always near reception when the practice was opening up. Praise was given to the staff member concerned as to how well they handled a difficult situation.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection Level 3 and the Health Care Assistant was trained to Level 2. All other practice staff were trained to child protection Level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was

Are services safe?

trained to administer vaccines and medicines against a patient specific direction (PSD). (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. 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 four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also an alarm built into the telephone system which was able to alert the whole team of an emergency.
- The practice had an emergency management procedure in place agreed by the whole team.
- All clinical staff received annual basic life support and cardiopulmonary resuscitation (CPR) training and there were emergency medicines available in the treatment room. All other staff had CPR training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- The practice had panic alarm buttons on site, only for use in emergency situations. These were directly linked to the police and if activated the police were required to follow up on the alert and attend the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with an overall clinical exception rate of 8%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the CCG and national average, with the practice achieving 81% compared to the CCG of 83% and the national average of 84%. An example taken from these indicators: patients on the diabetic register with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) showed the practice achieved 92% compared to the CCG average of 89% and the national average of 88%.
- Performance for mental health related indicators were similar to the national average, with the practice achieving 89% compared to the CCG average of 88% and the national average of 87%. An example taken from these indicators: the percentage of patients diagnosed with dementia whose care has been

reviewed in a face to face review in the preceding 12 months (01/04/2014 to 31/03/2015) showed the practice achieved 83% compared to the CCG average of 85% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 14 clinical audits carried out in the last two years, five of these were completed audits where the improvements made were implemented and monitored. For example an audit to review the appropriateness of prescribing of antimicrobials (antibiotics) was completed by the practice. This looked at the prescribing of simple generic and broad spectrum antibiotics (e.g. co-amoxiclav, quinolones and cephalosporins) to determine if the practice was adhering to antimicrobial prescribing guidelines.

During the first audit cycle in October 2015, the practice demonstrated a compliance rate of 80%. Following evaluation, the results were discussed and an action plan agreed in relation to antibiotic guidelines adherence to achieve further improvement. All clinical staff including registrars and regular locums were to have access to map of medicine, (a clinical decision making tool) and prescribing guidelines to be included as part of their induction, to support improved decision making.

During the second audit in March 2016 the practice found that they had increased adherence in relation to antimicrobial guidelines in 90.5% of cases. It was noted that the prescribing of quinolones, for example ciprofloxacin, was 100% compliant. To ensure continued improvement and achieve the best outcomes for patients, the practice focused on increasing awareness of the prescribing guidelines for regular locums in relation to the Islington protocols, as this was where non-compliance was generally noted. The practice locum pack was updated and clearly identified where medicines management guidance could be found.

- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, action taken as a result of a recent End of Life Care audit indicated some patients would be suitable to be included on the palliative care register and an appointment was organised with their regular doctor in order to discuss this further. Identifying

Are services effective?

(for example, treatment is effective)

patients suitable to be on the palliative care register earlier meant that appropriate care planning and support could take place and patient's wishes could be discussed. It was further agreed that those patients on the avoiding unplanned admissions (AUA) register with two or more admissions in a year should be highlighted to be discussed at clinical meetings. If it was then felt appropriate to be included on the palliative care register they would be invited to see their doctor for further discussion.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- 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 practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Are services effective? (for example, treatment is effective)

- 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 76%, 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 as well as follow up letters.

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.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% (the CCG average ranged from 95% to 99% and the national average was 92% to 96%) and five year olds from 86% to 96% (the CCG average ranged from 91% to 98% and the national average was 88% to 96%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients, those with long term conditions and NHS health checks for patients aged 40–74 and 85+. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Although positive about the overall standard of care, eight of these also included some negative feedback, four of which related to repeat prescriptions and four relating to the appointment process. However, overall the patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 93% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. This was an improvement of 6% compared to the January 2016 results (72%). The practice had an action plan in place to continue this improvement; which included discussing the importance of customer service at team and PPG meetings. However people we spoke with on the day and feedback received on comment cards were generally complementary about reception staff and the quality of the service provided.

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 thorough and personalised.

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

- 77% 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%. This was up from 73% (January 2016).
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

Are services caring?

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Information of services provided and signposting to other support services were available on the practice website.
- Advocacy support and signposting was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients as carers (less than 1% of the practice list). We saw there was a detailed list with a clear note of the carers' circumstances. We saw that circumstances were reviewed and updated as well as the impact of the caring responsibility on the carer. The practice used the list to offer primary care prevention, such as the influenza vaccine, signpost to a carers hub and linking them to the community navigator (a service that worked with people to help them decide what sort of services and input would be best placed to help them), for appropriate support. We saw written information was available in the practice to direct carers to the various avenues of support available to them.

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

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. In conjunction with the CCG the practice had submitted a bid to NHS England to renovate and extend the practice to develop and improve the quality of the service on offer. The proposal was to transform and expand Andover Medical Centre to create a much larger local centre delivering wider community services as well as allowing the expansion of the current core GP services. The CCG considered this to be a key development of a hub for the delivery of out of hospital local services.

- The practice offered a 'Commuter's Clinic on a Monday evening until 8pm for working patients who could not attend during normal opening hours and was part of a three practice hub that provided greater access to services, including a weekend service provision.
- There were longer appointments available for patients with a learning disability. We saw that 34 of the 38 patients (89%), recorded on the practice learning disability register received a face to face review of their care plan in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice kept a palliative care register, and had 23 patients recorded with thorough and up to date care plans in place including advance care planning and preferred place of death.
- The practice had an avoiding unplanned admissions (AUA) register, with 96 patients recorded. We saw clear and thorough documentation of the last care plan and review date, details of accident and emergency (A&E) attendance and multidisciplinary team review date. Patients were raised at weekly clinical meetings and monitored by the chronic disease management administrator.
- 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 had a "housebound list" with named GP's. These patients are reviewed every 6-12 months by a GP or a nurse and more frequently based on clinical need.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Details of charges for private travel vaccinations were available on the practice website.
- The premises were accessible for people who used a wheelchair. The practice had a hearing loop and translation services available.
- The practice worked collaboratively with the Community Mental Health Team (CMHT), a psychologist and Drugs and Alcohol Team with two sessions held weekly at the practice.

Access to the service

The practice was open 8.30am to 12.30pm and 1.30pm to 6.30pm Monday to Friday, except Thursdays when the practice was open 8.30am to 12.30pm. Additionally, a commuter clinic was provided on a Monday from 6.30 to 8pm.

Consultation times in the morning were from 8.30am to 12 noon Monday to Friday, afternoon consultations were from 3pm to 6pm Monday, Tuesday, Wednesday and Friday.

Andover Medical Centre was also part of Islington GP Hub service, i-Hub, which ran at three GP practices in Islington and provides out of hours appointments to patients living in the area from 6.30pm to 8pm, Monday to Friday and from 8am to 8pm on a Saturday and Sunday.

In addition to pre-bookable appointments, that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published on 7 July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

However, the practice was aware of the need to improve in some areas from the January 2016 survey results and had an action plan in place to address this. For example the practice not only offered GP and nurse extended hours clinics but was part of the i-Hub service which offered patients appointments with a GP or nurse in the evenings and at weekends. There had been an increase in patient satisfaction of 7% with the practices opening hours which was previously 55% (January 2016). The practice was aware of the need to continue to promote extended hours and i-Hub clinics to further improve access to appointments. We saw there was an increase of 5% in patient satisfaction with telephone access from the January 2016 date which was recorded at 64%.

People told us on the day of the inspection that they were able to get appointments when they needed them and could generally get through to the practice quite quickly.

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.

Where same day appointments were unavailable, the practice offered telephone consultations and a call back service 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 in line with practice policy. Patients we spoke with on the day told us they would always be seen on the day if it was required.

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. Posters were displayed within the practice, there was a comments and complaints box at the entrance to the practice and details were available on how to make a complaint within the practice and on their website.
- The practice was part of the London Primary Care Complaints Forum which provided a forum to support complaints resolution, offered training and the opportunity to discuss issues and to exchange examples of best practice.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints, and also from analysis of trends and action was taken as a result; to improve the quality of care. For example, a patient complained they were unable to get blood tests done at the practice. The practice responded to the patient in writing, apologised for any inconvenience caused and signposted them to other places where they could attend for blood tests, including days and times the service was available. Patients we spoke with on the day of our inspection told us they had no cause for complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the team were supportive after a member of reception staff was threatened by a patient. The team reviewed the violent policy protocol, displayed zero tolerance posters in reception and waiting areas and reviewed the rota to ensure two staff were always near reception when the practice was opening up. Praise was given to the staff member concerned as to how well they handled a difficult situation.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested and the practice responded to improvements to the

Are services well-led?

Good 

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

toilet facilities to include baby change facilities. The PPG also suggested improvements to the telephone system and changes were made by the practice which resulted in updating the telephone system to advise patients where they were in the queue.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included participation and development of the i-Hub and the bid to NHS England to redesign, expand and develop the practice.