

Killick Street Health 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?		Requires improvement	
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

The practice was previously inspected in April 2015 and had been rated as good for all key questions, population groups and overall.

We carried out this announced comprehensive inspection of the Killick Street Health Centre on 17 August 2017. Overall the practice is rated as good and requires improvement for providing safe services.

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

- There was limited assurance about safety. Systems, processes and policies were not always reliable or appropriate to keep people safe. These included infection prevention and control issues, safety checks and mandatory training for staff.
- A number of governance policies and procedures were overdue review. However, we saw evidence that a planned review schedule was in place.

- The practice had carried out various clinical audits to improve patient outcomes, but learning from these was not consistently passed on to all staff.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Data from the Quality and Outcomes Framework showed patient outcomes were above local and national averages.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they 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.

Summary of findings

- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The area where the practice must make improvement is:

- Ensure care and treatment is provided in a safe way to patients. For example, by providing appropriate refresher training to all staff in safeguarding and infection prevention and control; maintaining cleaning logs and records of safety checks.

The areas where the practice should make improvement are:

- Proceed with plans to improve how learning from clinical audits is passed on.
- Proceed with the planned schedule of reviewing governance protocols and policies.

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?

- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. On the day of the inspection, the premises appeared clean and tidy, but no logs were kept of either general cleaning activity or relating to the cleaning of medical equipment.
- Nor were other logs, such as those recording the testing of the fire alarm, water temperature monitoring and regular checking of the defibrillator, emergency oxygen supply and the GPs' emergency bag, were not maintained.
- There was insufficient evidence to confirm that all staff were up to date with mandatory training, such as safeguarding and infection prevention and control.
- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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.
- Staff demonstrated that they understood their responsibilities and most had received recent training on safeguarding children and vulnerable adults relevant to their role.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above local and national averages.
- Staff were aware of current evidence-based guidance.
- Clinical audits demonstrated quality improvement. However, not all audits were shared appropriately, so that effective learning from them could be achieved.
- Staff had the skills and knowledge 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.

Good



Summary of findings

- End of life care was appropriately coordinated with other services.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was generally comparable with local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they 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 evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as 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 policies and procedures to govern activity. Some of these were overdue a review, but we saw evidence that a review schedule was in place.

Good



Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care, though there were some omissions around infection prevention and control, safety checks and staff training.
- Staff had received inductions, regular supervision meetings and annual performance reviews.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
- The practice encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged well with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. The practice used the Gold Standard Framework to share information with other healthcare professionals to ensure that end of life care was delivered in a coordinated way.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 87.74%, compared with the local average of 76.07% and the national average of 78.01%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 80.69%, compared with the local average of 76.09% and the national average of 77.58%.

Summary of findings

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2015 to 31/03/2016) was 86.4% compared with the local average of 80.74% and the national average of 82.9%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had a “Carers’ Champion” and had identified 269 patients as carers (2.3% of the practice list).

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).

Good



- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- 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.

Summary of findings

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 80.74%, compared with the local average of 76.67% and the national average of 81.43%

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 patients, hostel residents and those with a learning disability.
- The practice had a register of 45 patients with a learning disability, of whom 42 (93%) had had an annual health check and had their care plan reviewed. All the patients had been seen by a GP in the preceding 12 months.
- The practice provided services to a local women's refuge.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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



- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 91.95%, compared with the CCG average of 83.07% and the national average of 83.77%.

Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 95.8%, compared with the local average of 89.69% and the national average of 88.77%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Clinical staff had received dementia awareness training and those we interviewed 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

What people who use the practice say

The national GP Patient survey results were published July 2017 and recorded results for the period January - March 2017. The results indicated that the practice was performing above CCG and national averages. Three hundred and eighty-four survey forms were distributed and 104 were returned. This represented 0.86% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 76% and to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comments cards which were consistently positive about the standard of care received.

We spoke with 20 patients during the inspection, including six members of the patient participation group. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We saw the results from the Friends and Family Test for the six months prior to our inspection; 158 patients (97.5%) had responded saying they were likely to recommend the practice, with four stating they were unlikely to recommend it.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients. For example, by providing appropriate refresher training to all staff in safeguarding and infection prevention and control; maintaining cleaning logs and records of safety checks.

Action the service **SHOULD** take to improve

- Proceed with plans to improve how learning from clinical audits is passed on.
- Proceed with the planned schedule of reviewing governance protocols and policies.

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

Background to Killick Street Health Centre

The Killick Street Health Centre (the practice) operates at 75 Killick Street, Islington, London N1 9RH. The building is around twenty years old and is purpose-built. There are good transport links, with King's Cross station nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 12,000 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 34 general practices. The practice is registered with the Care Quality Commission as a partnership of five GPs, three female and two male, to carry out the following regulated activities - Treatment of disease, disorder or injury; Family Planning, Maternity and midwifery services, Surgical procedures and Diagnostic and screening procedures. The patient profile has a higher than average proportion of younger adults aged 20 – 39, but fewer young children, teenagers and patients aged over-40. There are considerably fewer patients aged 50+, when compared with the national average. The deprivation score for the practice population is in second “most deprived decile”, indicating high deprivation level among the patient population. The patient group includes refugees, hostel residents and students.

The clinical team is made up of the five partner GPs, two of whom work five clinical sessions a week, with three working four clinical sessions; there is a salaried female GP who works five clinical sessions and two more who work four clinical sessions. There are two full time practice nurses and one who works part-time, usually three-four day a week. The practice also has two healthcare assistants, one full time and the other working one day a week. It is a training practice, with three of the partner GPs as accredited trainers, and there are currently four GP registrars attached. GP registrars are qualified doctors gaining experience in general practice. The administrative team comprises the practice manager, finance manager, five administrative staff and nine receptionists.

The practice reception operates between 8.30 am and 6.30 pm on Monday, Tuesday, Wednesday and Friday. The practice is closed on Thursday afternoon, when the reception operates until 1.00 pm. Telephone calls are answered from 8.00 am. The practice closes for staff training between 1.00 pm and 2.00 pm on the first and third Tuesday of the month.

Appointments with GPs and nurses are available at the following times -

Monday 9.00 am - 7.15 pm

Tuesday 7.30 am - 7.15 pm

Wednesday 7.30 am - 7.15 pm

Thursday 8.00 am - 12.30 pm

Friday 7.30 am - 6.30 pm

The CCG commissions the “IHub” extended hours service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends at three sites across the borough. Appointments can be booked by patients contacting their own general practice. There is also a walk in service available to all patients at a central location. The practice

Detailed findings

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. Information about the out-of-hours provider and NHS 111 service is given in the practice leaflet and on the practice website.

Routine consultations, each ten minutes long, can be booked four to six weeks in advance. Longer or double appointments can be booked for reviews of long term health conditions as well as for patients for very complex healthcare needs, including mental health and behavioural or communication problems. Three of the GPs' standard appointments are 15 minutes long, allowing some flexibility and choice to patients. Home visits are available for patients who may be house bound. The GPs and nurses are also available for telephone consultations. Routine appointments with GPs may be booked online by patients who have previously registered to use the system. It can also be used to request repeat prescriptions.

Why we carried out this inspection

We carried out a comprehensive inspection of the practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the practice is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the practice under the Care Act 2014. It was undertaken in accordance with our published process to re-inspect a proportion of practices previously rated as good or outstanding.

The practice was previously inspected in April 2015 and had been rated as good for all key questions, population groups and overall.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 17 August 2017.

During our visit we:

- Spoke with a range of staff, including the partner GPs, practice nurse, practice manager and members of the administrative team. We also spoke with patients who used the service, including several members of the patient participation group, and managers from a nearby care home, whose residents are on the practice's patient list.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

There was limited assurance about safety. Systems, processes and policies were not always reliable or appropriate to keep people safe. These included infection prevention and control issues, safety checks and mandatory training for staff.

Safe track record and learning

There was a system 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.
- From the examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice maintained a running log of significant events, which was closely monitored by the clinical governance lead and reviewed at monthly practice meetings. We saw evidence that three events had been discussed at a whole-team meeting in March 2017. The practice also carried out an annual review and analysis to establish and monitor trends and evaluate any actions implemented. The most recent review had been done in October 2016. It had looked at 26 matters treated as significant events during the previous 12 months, including both clinical and administrative concerns, and recorded detailed learning points. We saw from the running log that a further 36 incidents had been treated as significant events since October 2016. We noted that in some cases the minutes of meetings where significant events were discussed were not detailed and one staff member we spoke with could not recall significant events being discussed. However, the practice sent us its revised

procedure after our inspection which confirmed that minutes format was to include all actions agreed; that minutes would be emailed to all staff, not just those in attendance, and stored on the shared drive; and that previous minutes would be reviewed and signed off at the next meeting.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident was recorded relating to a patient not receiving their medication from a district nurse as they had supposed to. The practice contacted the district nurse team which arranged for a comprehensive significant event investigation. This established that there had been two patients with the same name and led to the district nurse team reflecting on the concerns particularly in relation to patient identifiers. Another incident led to a revised procedure within the practice whereby vulnerable patients registering with it would be flagged with a named GP and offered an appointment at the time of registration.
- Safety alerts were received and passed on to clinical staff by the named clinical lead at the practice. We saw a recent example, regarding the prescribing and dispensing of Pregabalin, used to treat epilepsy and anxiety, issued by NHS England and forwarded to all Islington practices by the CCG. The alert had been received by the clinical lead and immediately passed on to all staff.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety, for example relating to safeguarding vulnerable adults and child protection. However, in some areas, such as infection prevention and control and mandatory staff training, we found that the systems were not sufficiently robust to ensure safety was maintained. The practice had recently obtained access to online training facilities, but the records were not able to confirm that all staff were up to date with mandatory training requirements.

- Arrangements for safeguarding 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. Named partner GPs had lead responsibility for adult and child safeguarding and each had a named deputy to cover absence. The GPs

Are services safe?

attended safeguarding meetings when possible or provided reports where necessary for other agencies. Appropriate safeguarding alerts were included on individual patient records, cross-referenced to family members. We saw evidence of recent action taken by the practice when it had not been able to contact a vulnerable patient.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and two of the practice nurses were trained to child safeguarding level 3; the remaining nurses were trained to level 2 and the administrative staff to level 1. We noted that 13 of the 32 staff members were overdue appropriate refresher training. The practice told us it was reviewing the new online training facility and that plans were in place to ensure that required training would be provided by the end of October 2017.
- 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.

We found that the common areas were generally clean and tidy. One of the practice nurses was lead for infection prevention and control (IPC) and IPC audit had been carried out in July 2017, but it included no action plan. We noted that the practice's IPC policy had not been reviewed since 2014 and ten of the 32 staff members had no record of receiving recent refresher training. The practice sent us an action plan after the inspection which included plans for the policy to be reviewed, the audit to be repeated and the training to be provided. Staff told us that equipment such as the spirometer and nebuliser were cleaned after each use, but this was not recorded. The practice had a cleaning schedule available, but this was not used to record and monitor cleaning activity. Staff told us that spot checks were made in relation to cleaning, but these were not recorded. We saw that the curtains in one of the treatment rooms had not been changed since August 2016. A risk assessment in respect of legionella, particular bacterium which can contaminate water systems in buildings, had been carried out in June 2016 and a management plan was

in place. Water samples were sent for analysis every six months. Staff told us that water temperature was tested on a regular basis, but there were no records to confirm this. A record of staff members' Hepatitis B immunisation status was maintained.

There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to minimise risks to patient safety, including obtaining, prescribing, recording, handling, storing, security and disposal. There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. Staff told us that emergency medicines stored on the premises and in the GPs' emergency bag and were monitored by the nursing team, but this was not recorded. All the medicines we checked were in date and stored securely.

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

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available, although it was overdue review, and a health and safety risk assessment had been completed in July 2017.
- An up to date fire risk assessment for the premises had been carried out in July 2017. We saw records of emergency drills carried out every six months. Fire

Are services safe?

fighting equipment had been checked in November 2016 and the annual maintenance inspection of the fire alarm system had been done in July 2017, but the practice could not show us evidence that the alarm was tested on a regular basis. All staff had received annual fire awareness training, and nine had been trained as fire marshals.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The most recent testing had been done in June 2017,
- The practice had a variety of other risk assessments, such as control of substances hazardous to health, to monitor safety of the premises.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The rotas were produced three-to-four weeks in advance.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had received recent basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Staff told us that defibrillator and oxygen were checked on a weekly basis, but no record was maintained to confirm this. However, we saw that the equipment was in order.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. A first aid kit and an accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff contractors and utilities providers. There were arrangements in place with a nearby buddy practice for the service to relocate in the event the premises were unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 used the Map of Medicine, a system allowing clinicians access to online guidance. In addition, we saw examples of guidance passed on to practices by the CCG, including a general update from NICE on Primary Care, which included a commentary by one of the partner GPs at the practice, who was also the CCG cancer care lead.
- The practice monitored that the 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 recently published results for the practice, relating to 2015/16, showed it achieved 100% of the total number of points available, being 5.2% above the CCG Average and 4.7% above the national average. The practice's clinical exception rate was 12.1%, being 0.7% above the CCG Average, and 2.3% above the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

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

- The practice's 100% performance for asthma related indicators was 4.4% above the CCG average and 2.6% above the national average. The exception reporting rate for the practice was 3% compared with CCG average of 4.4% and the national average of 7%.
- The 100% performance for dementia related indicators was 2.1% above the CCG average and 3.4% above the national average. The exception reporting rate for the practice was 18.3% compared with CCG average of 11.9% and the national average of 12.7%.
- The 100% performance diabetes related indicators was 11.6% above the CCG average and 10.1% above the national average. The exception reporting rate for the practice was 15.2% compared with CCG average of 14% and the national average of 11.6%.
- The 100% performance hypertension related indicators 3.9% above the CCG average and 2.7% above the national average. The exception reporting rate for the practice was 6.1% compared with CCG average of 4.8% and the national average of 3.9%.
- The 100% performance mental health related indicators was 8.5% above the CCG average and 7.2% above the national average. The exception reporting rate for the practice was 12.8% compared with CCG average of 10.7% and the national average of 11.3%.

The practice showed us un-validated data for the year 2016/17 which indicated the practice had attained 99.28% of that year's target results.

There was evidence of quality improvement including clinical audit. There had been 27 audits carried out over the previous 12 months, including various audits of prescribed medication and screening for care for particular conditions. A number were repeat-cycle audits, carried out, for example quarterly or annually. We looked at three completed cycle audits, which were able to demonstrate improvement in patient outcomes as a consequence. For example, an audit was carried out in January 2017 and repeated in August 2017 of patients in care homes to assess their risk of fragility fracture and to ensure that prescribing was appropriate and in line with national guidelines. This involved 48 patients and showed that all had had a fragility fracture risk assessment using the appropriate tool and that they had been assessed for adherence to prescribed medication and for its possible adverse effects. It led to five patients having their medication stopped and six patients having a bone mineral density scan arranged. The audit

Are services effective?

(for example, treatment is effective)

also highlighted that not all patients had a record of dental examinations. This was raised with the home and the re-audit showed that records of patients' annual dental checks were then complete.

However, we noted that there was no formal audit protocol. This led to not all audits being written up fully, to include any necessary action plans. Further, not all audits were shared appropriately, so that effective learning from them could be achieved. We discussed this with staff who confirmed that a protocol would be implemented and that clinical audits would be included as a standing item on practice meeting agendas.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment, although some refresher training was overdue.

- The practice had a two week induction programme for all newly appointed staff, tailored to reflect their role and responsibility. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff members were appointed a buddy or mentor and were subject to a three or six month probation period.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw evidence that GPs had attended update training in such areas as diabetes, cancer care and chronic pain management and that practice nurses had received update training relating to ear care, spirometry and anti-coagulation management.
- 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 generally identified through a system of appraisals, meetings and reviews of practice development needs. The practice had recently obtained access to an online training system, but it was yet to be implemented fully and some staff training and refreshers were overdue. The practice showed us plans for all mandatory training to be completed by the end of October 2016. Staff told us they received ongoing

support, such as one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an annual appraisal within the last 12 months; these were "360-degree" appraisals which involved seeking individual anonymised feedback from colleagues.

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.
- We reviewed a number of patients' healthcare records, which were well-maintained and included effective coding. We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We discussed the safety net procedure for patients who were given two-week referrals to diagnose possible cancers. Staff were able to describe the procedure, but there was no written protocol. Shortly after our inspection, the practice sent us an action plan addressing the feedback we had given. This included confirmation of the safety net procedure and the drafting of a written protocol.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings with other health care professionals, such as health visitors, took place on a monthly basis and there were MDT and child protection meetings every two months. We noted that some minutes of MDT meetings recorded little detail. The practice showed us plans to improve the record keeping, together with the dissemination of the minutes to clinicians who had not attended the meeting, and that they would be stored in an accessible computer folder. Care plans were routinely reviewed and updated for patients with complex needs. The practice used the Gold Standard Framework to share information with other healthcare professionals to

Are services effective?

(for example, treatment is effective)

ensure that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

The practice worked closely with a local care home for older people. One of the partner GPs was the named GP for the 63 residents and a GP attended the home each week. Monthly MDT meetings were held at the home. Two of the home's managers attended our inspection and gave us positive feedback regarding the practice's work with the home and the residents.

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. Clinical staff had received relevant update training a few weeks before our visit.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the 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 and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 80.74%, which was comparable with the CCG average of 76.67% and the national average of 81.43%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems 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 breast and bowel cancer. For example, the practice's take up rate for female patients aged 50-70, who had been screened for breast cancer in last 36 months was 56.4%, compared with the CCG average of 55.4%. The rate for patients aged 60-69, screened for bowel cancer in last 30 months was 47.3% compared with the CCG average of 47.7%

Childhood immunisations were carried out in line with the national childhood vaccination programme. Target uptake rates for the vaccines given to children aged under-2 were exceeded for two of the four sub-indicators. The target rate for uptake is 90%; the practice achieved 95.9%, 90%, 88.2% and 88.2%. For MMR doses 1 and 2, provided to five year olds, the take up rate was 96.47% and 87.4%, being higher than the CCG average.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received 36 patient comment cards as part of the inspection. All except one of the cards were very 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 spoke with 20 patients, including six members of the patient participation group. All told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% of patients said the GP was good at listening to them, compared with the CCG average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time, compared to the CCG average of 83% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 95% and the national average of 95%

- 90% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 86%.
- 92% of patients said the nurse was good at listening to them, compared with the CCG average of 86% and the national average of 91%.
- 90% of patients said the nurse gave them enough time, compared with the CCG average of 88% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw, compared with the CCG average of 95% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern, compared the CCG average of 86% and to the national average of 91%.
- 75% of patients usually get to see or speak to their preferred GP, compared with the CCG average of 50% and the national average of 56%.
- 92% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments, compared with the CCG average of 86% and the national average of 86%.

Are services caring?

- 92% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 81% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 84% and the national average of 90%.
- 85% 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 face-to-face and telephone interpreting services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients of the service. There was also a number of multi-lingual staff who might be able to support patients, for example in Portuguese, Turkish, Arabic and Bengali.
- The NHS e-Referral Service, formerly called Choose and Book, was used with patients as appropriate. This service gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a "Carers' Champion" and had identified 269 patients as carers (2.3% of the practice list). There was a dedicated noticeboard for carers, with written information available inviting carers to discuss any concerns with staff and to direct them to the various avenues of support available.

There was also information available to patients who had suffered bereavement. Staff told us that if families had experienced 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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on three mornings and four evenings during the week offering pre-booked appointments with GPs and nurses, for working patients who could not attend during normal opening hours.
- Homeless patients could register with the practice address to receive correspondence about their healthcare.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require urgent consultation.
- The practice sent text message reminders of appointments and test results and of other issues related to the practice.
- Online services, such as booking appointments and requesting repeat prescriptions, were available.
- Patients were able to receive travel vaccines available on the NHS, as well as those only available privately.
- There were accessible facilities, which included step-free access. Telephone and face-to-face interpreting services were available, together with British Sign Language practitioners.

Access to the service

The practice reception operated between 8.30 am and 6.30 pm on Monday, Tuesday, Wednesday and Friday. The practice closed on Thursday afternoon, when the reception operated until 1.00 pm. Telephone calls were answered

from 8.00 am. There were eight incoming lines, with four staff members covering calls. The practice closed for staff training between 1.00 and 2.00 pm on the first and third Tuesday of the month.

Appointments with GPs and nurses were available at the following times -

Monday 9.00 am - 7.15 pm

Tuesday 7.30 am - 7.15 pm

Wednesday 7.30 am - 7.15 pm

Thursday 8.00 am - 12.30 pm

Friday 7.30 am - 6.30 pm

Under local CCG plans, with effect from October 2017 the practice would remain open all day on Thursday.

The CCG provides the "IHub" extended hours service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends at three sites across the borough. Appointments could be booked by patients contacting their own general practice. There was also a walk in service available to all patients at a central location. The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. Information about the out-of-hours provider and NHS 111 is given in the practice leaflet and on the practice website.

Most routine consultations were ten minutes long and could be booked up to four weeks in advance. Three GPs operated 15-minute appointments. Longer or double appointments could be booked for reviews of long term health conditions as well as for patients for very complex healthcare needs, including mental health and behavioural or communication problems. Between 30 and 40 slots were reserved for same day appointments each day. Home visits were available for patients who may be house bound. The GPs and nurses were also available for telephone consultations. Routine appointments with GPs could be booked online by patients who have previously registered to use the system. It could also be used to request repeat prescriptions.

The practice from purpose-built premises with step-free access from the street. Staff told us that due to the design of the reception area, no hearing loop could be used to assist patients with a hearing impairment. We discussed

Are services responsive to people's needs?

(for example, to feedback?)

the availability of portable loops, which the practice agreed to consider obtaining. The practice had use of 16 consultation / treatment rooms, two of which were on the first floor, accessible by a lift.

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

- 82% of patients were satisfied with the practice's opening hours, compared with the CCG average of 73% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone, compared to the CCG average of 77% and the national average of 71%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried, compared with the CCG average of 83% and the national average of 84%.
- 83% of patients said their last appointment was convenient, compared with the CCG average of 77% and the national average of 81%.
- 83% of patients described their experience of making an appointment as good, compared with the CCG average of 71% and the national average of 73%.
- 72% of patients said they don't normally have to wait too long to be seen, compared with the CCG average of 52% and the national average of 58%.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention by means of triage by the duty GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example posters were displayed in the reception area, together with leaflets and information was provided on the practice website.

Eighteen complaints had been received in 2016 /17, of which nine were written and nine verbal. Six more complaints had been submitted since April 2017. The complaints were reviewed at practice meetings and monitored on an ongoing basis to identify any trends or particular issues of concern. They were also reviewed annually. We looked at a number of the records and found the complaints had been appropriately handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. We looked at a number of examples; in one case relating to a prescribing error, the matter had been dealt with by the practice as a "learning event review". In addition, following verbal complaints from two patients over failed appointments, the practice had reconfigured its computer system so that practitioners were able to monitor patients who had arrived for their appointments.

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's aims and ideals were set out in on its website and in the practice leaflet , and were as follows -

We aim to work in partnership with patients to provide a comprehensive range of high quality primary care services. We are committed to equal opportunities for our patients and staff and provide care regardless of age, gender, sexuality, ethnicity, race, beliefs, homelessness or HIV status.

Staff we spoke were fully supportive of these. The practice had a clear strategy and supporting business plans that reflected the aims and ideals and which 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, lines of management and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Partner GPs had lead roles in key areas, such as clinical governance, safeguarding and for specific healthcare issues, including mental health, cancer care and minor surgery. However, there were issues relating to infection prevention and control, safety checks and overdue staff training which needed to be addressed.
- Practice specific policies were implemented and were available to all staff. Some of these were overdue review, but we were shown that a policy review schedule was in place.
- A thorough understanding of the performance of the practice was maintained. Partner GPs were responsible for monitoring specific areas of QOF performance. Formal practice meetings were held monthly. Staff told us that the GPs had daily informal meetings at lunch time. The nursing team held separate monthly meetings.

- There was a programme of clinical and internal audit, which was used to by partner GPs monitor quality and to make improvements. However, there was scope to improve the dissemination of learning from the audits.

Leadership and culture

Staff told us the partner GPs and managers were approachable and always took the time to listen to them.

The practice was aware of and had systems 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 partner GPs encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. One of the partner GPs being the lead for the CCG for wider MDT meetings, which involved representatives of the CCG patient group. GPs met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Staff told us they were involved in discussions about how to run and develop the practice, and the partner GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

- Each staff member had a learning mentor; GPs had monthly one-to-one supervision and all staff had had an annual appraisal. Some staff were overdue elements of mandatory refresher training, but there were plans in place for this to be provided.
- We saw that the practice arranged regular team-building activities and social events for staff. We noted there was a low turnover of staff.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients via the patient participation group (PPG), through surveys and from complaints and suggestions it received. It monitored the results of the Friend and Family Test and invited suggestions on its website. There were also suggestions boxes in the waiting area.

We spoke with the six members of the PPG, who were positive regarding the practice's engagement with the group. The PPG was made up of around ten patients and met on a quarterly basis. Meetings took place during the day and it was recognised that this might preclude more involvement by younger working patients and students. We saw that the waiting area TV screen gave information about the PPG and was inviting more patients to join it. Partner GPs attended the meetings and the practice provided necessary administrative support. The PPG members told us the group had been involved in making improvements to the practice, for example in working to reduce the

number of missed appointments by informing patients of the consequences these had. The PPG had also participated in a review of the practice's phone system and had on-going input with the quarterly practice newsletter. The practice also shared learning from complaints with the PPG.

Staff members were able to provide feedback through staff meetings, appraisals and discussion. They said the partner GPs and practice management had an open door policy, to discuss any concerns or suggestion staff might have. For example, one of the nurses told us they had asked for more storage facilities for dressings, which the practice had provided.

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. For example, several partner GPs were had lead roles for the local CCG and the practice was participating in work being done by the local GP Federation, the local NHS trust, and the South West Islington Care Closer To Home Integrated Network (CHIN) initiative.

The practice had reviewed patient feedback from various sources and devised an action plan to improve appointment running on time, provide more same day appointments and to reduce telephone waiting times.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ol style="list-style-type: none">1. No logs were kept of either general cleaning activity or relating to the cleaning of medical equipment.2. Other logs, such as those recording the testing of the fire alarm, water temperature monitoring and regular checking of the defibrillator, emergency oxygen supply and the GPs' emergency bag, were not maintained.3. There was insufficient evidence to confirm that all staff were up to date with mandatory training, such as safeguarding and infection prevention and control. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>