

Partnership Primary Care 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 on 19 January 2017. Overall the practice is rated as good.

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

- Patient feedback suggested there were problems accessing the service. However, two new partners had recently joined the practice, with one taking over managerial responsibility, and it was anticipated that results regarding access would improve as a consequence.
- 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.
- Information about how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.

However, there were areas of practice where improvements should be made:

- The practice should continue to monitor the national GP patient survey results and feedback relating to patients' access to the service and take appropriate steps to improve outcomes compared with local and national averages.

Summary of findings

- It should review the activity of the patient participation group, relating to the size of membership and the frequency and timing of meetings, to ensure there is effective patient engagement.

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 above local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated sustained quality of care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



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 others in respect of most aspects of care.
- Feedback was acted upon, including customer care training being arranged for receptionists.
- Patients told us 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



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Evidence from the GP patient survey and feedback from some patients suggested there were problems accessing the service. However, two new partners had recently joined the practice and it was anticipated that results regarding access would improve as a consequence. The practice should continue to monitor the patient survey results and take appropriate steps should there be no significant improvement, compared with local and national averages.
- Evening appointments were available throughout the week, together with weekend appointments under a local scheme at three locations across the borough for patients unable to attend during normal working hours.
- 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.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to it.
- The practice had various up to date policies and procedures to govern activity.
- 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 practice 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 sought feedback from staff and patients, which it acted upon. The patient participation group was active, but small and meetings were infrequent.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, with home visits and longer appointments were available for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 60 patients currently on the register, all of whom had had their care plans reviewed.
- There were eight patients on the practice's palliative care register. We saw evidence of close working with the local palliative care team, with appropriate information being shared.
- One hundred and four patients identified as being at risk of developing dementia had received a cognition test or memory assessment in the year.

People with long term conditions

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

Good



- The practice's performance relating to patients with long term conditions was generally above local and national averages.
- The percentage of patients with diabetes 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 92.52%, compared to the CCG average of 76.07% and the national average of 78.01%.
- The percentage of patients with diabetes 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 83.46%, compared with the CCG average of 76.09% and the national average of 77.58%.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage who were treated with anti-coagulation drug therapy. (01/04/2015 to 31/03/2016) was 89.66%, compared with the CCG average of 80.69% and the national average of 86.69%

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 81.37%, compared with the CCG average of 80.74% and the national average of 82.9%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2015 to 31/03/2016) was 91.55%, compared with CCG average of 91.17% and the national average of 89.59%
- The percentage of patients with asthma who had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions (01/04/2015 to 31/03/2016) was 74.82%, compared with the CCG average of 75.08% and the national average of 75.55%
- All 21 patients on the heart failure register had had an annual medicines review.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- The practice worked closely with health visitors, 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 and maintained a register of vulnerable children.
- Childhood immunisation rates for the vaccinations given to under two year olds were below the national average. Immunisations rates for five year olds were above local and national averages.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and of regular MDT meetings.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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.
- Evening appointments were available throughout the week, together with weekend appointments under a local scheme at three locations across the borough for patients unable to attend during normal working hours.
- Telephone consultations with GPs were available each day.
- The practice's uptake for the cervical screening programme 81.05% being above the CCG average of 76.67% and comparable with 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.

- The practice held registers of patients living in vulnerable circumstances, including a register of homeless patients and travellers, who could register at the practice address to receive healthcare-related correspondence.
- It maintained a learning disability register of 13 patients, all of whom had received an annual health check.
- Appointments for patients with learning disabilities were 30 minutes long.
- 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).

- 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 90.91%, compared with the CCG average of 89.69% and the national average of 88.77%.

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 94%, compared with the CCG average of 87.06% and the national average of 89.3%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 90.48%, compared with the CCG average of 83.07% and the national average of 83.77%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had completed online training relating to the Mental Capacity Act.

Summary of findings

What people who use the service say

The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016. The results showed that in some aspects of care the practice was performing below local and national averages. Three hundred and sixty survey forms were distributed and 113 were returned. This represented roughly 3.75% of the practice's list of approximately 3,000 patients.

- 69% of patients found it easy to get through to this practice by phone, compared to the local average of 77% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 84% and the national average of 85%.
- 40% of patients said they usually got to see or speak to their preferred GP, with the local average of 51% and the national average of 59%.
- 71% of patients described the overall experience of this GP practice as good, compared to the local average of 82% and the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local 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 21 comment cards, and we spoke with four patients who used the service, including members of the patient participation group. The comments cards and patients were generally very positive regarding the standard of care provided. Four of the comment cards we received mentioned concerns regarding access to the service. Two of the four mentioned delays in getting appointments and two referred appointments not running on time; one mentioned a long wait, but did not clarify whether this related to getting an appointment or being seen at the appointed time. The PPG members were positive about the practice's engagement with the group, although we noted that the group was small and meetings were infrequent.

We saw there had been 23 responses by patients to the Friends and Family Test in the last three months; all of which stated they would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue to monitor the national GP patient survey results and feedback relating to patients' access to the service and take appropriate steps to improve outcomes compared with local and national averages.

- It should review the activity of the patient participation group, relating to the size of membership and the frequency and timing of meetings, to ensure there is effective patient engagement.

Partnership Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, with a GP specialist adviser.

Background to Partnership Primary Care Centre

Partnership Primary Care Centre (the practice) operates at 331 Camden Road, London N7 0SL. The premises are owned by the local NHS trust and the practice shares them with a number of other healthcare services. There are good bus services nearby and Caledonian Road tube station is within a ten-minute walk.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 3,000 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 38 general practices. The practice is registered with the Care Quality Commission as a partnership of five GPs, two of whom had recently joined. The other three partners also operate another general practice in a neighbouring CCG, with two of them working at both sites. The two newer GPs have not yet started clinical sessions; one was to become the registered manager. The practice is registered to carry out the following regulated activities - Treatment of disease, disorder or injury; Surgical procedures; and Diagnostic and screening procedures. The patient profile has a below average population of younger children and teenagers and adult patients aged over-55. There are

significantly more working age patients, between 25 and 39 years old; and slightly above-average numbers of aged between 40 and 55. The deprivation score for the practice population is in second “most deprived decile”, indicating a higher than average deprivation level among the patient population.

The clinical team is made up of two of the partner GPs, both female and each working four clinical sessions at the practice, together with two salaried GPs - one female, one male - who work three and four sessions per week. There is a female practice nurse and the practice manager is a qualified healthcare assistant, who sees patients in that capacity. It is a training practice and there is currently a second-year foundation level doctor attached. The administrative team comprises the practice manager, assistant manager and four administrator / receptionists. In addition to the two partner GPs working at both practices, the nurse, assistant practice manager and most of the administrative staff also divide their time between the two sites.

The practice reception operates between 8.30 am and 6.30 pm Monday to Friday. Appointments are available with GPs each morning afternoon between 9.00 am and 11.30 am; each afternoon between 12.30 pm and 2.30 pm; evening sessions operate on Monday, Wednesday and Friday between 4.00 pm and 6.00 pm. A number of slots are kept free each session for same-day appointments and emergencies. Appointments with the practice nurse are available between 8.30 am and 1.00 pm on Monday and Tuesday; and between 2.00 pm and 5.00 pm on Thursday.

Routine consultations can be booked up to two weeks in advance and are 10 minutes long, but longer appointments may be booked if patients have more than one issue to

Detailed findings

discuss. Home visits are available for patients who may be house bound. The GPs and the practice nurse 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.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. In addition, the CCG provides the “IHub” 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 three sites. Information about the out-of-hours provider, NHS 111 service and the IHub service is given in the practice leaflet and on the practice website. It also gives the address of two nearby Accident and Emergency departments, together with contact details of the out-of-hours urgent dental service and local mental health services.

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 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 previously.

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 19 January 2017. During our visit we:

- Spoke with a range of staff including the partner GPs, the practice manager and assistant manager and members of the administrative team.
- Spoke with four patients who used the service including members of the patient participation group.
- 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 a system in place for reporting and recording significant events.

- The practice had a protocol for recording incidents, managing any investigation, and for the analysis and recording of the outcomes. The protocol and toolkit, which had been reviewed in March 2016, were accessible on the practice's shared drive. Staff we spoke with were familiar with the protocol and reporting form and described how they were used. We saw several examples of completed records. Significant events were a standing agenda item for weekly clinical meeting and staff meetings and were reviewed on an annual basis.
- The incident management process 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. Guidance on information regarding the duty of candour was kept in the practice reception area.
- 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.

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, there had been five issues, including two clinical matters, which had been treated as significant events in the previous 12 months. We looked at both and noted they had been discussed at practice meetings to disseminate any learning. In one case, a safeguarding issue had been raised and we noted that all interested parties had been kept informed. The matter was reviewed by staff, with learning points including the need to ensure accuracy when interpreters assisted in discussing issues with patients. In another case, involving a patient with a rare medical condition, the practice's review highlighted the need to seek advice from colleagues or specialists and to refine research methods to aid a quick diagnosis.

Patient safety alerts issued by the NHS Central Alerting System, and for example relating to particular medicines, were received and passed to all clinical staff. The practice manager maintained a central record, which included both electronic and paper files. Alerts were printed and stamped and clinical staff were required to sign a form confirming receipt. The practice also used the Map of Medicine, a system which provided "evidence-based local guidance and clinical decision support at the point of care". The system emailed all clinical staff at the practice when alerts were issued. We saw minutes from a recent practice tutor scheme meeting, when novel and direct oral anticoagulants (NOACs and DOACs) had been discussed. NOACs and DOACs are medicines that help prevent blood clots, prescribed to people at a high risk of getting clots to reduce their chances of developing serious conditions such as strokes and heart attacks. This had followed an alert from the Medicines and Healthcare products Regulatory Agency (MHRA), clarifying the circumstances when three particular drugs ought not to be prescribed. The practice showed us another MHRA alert that had been processed in accordance with procedures, relating to the "Mirena 24 hours intrauterine delivery system". We saw evidence that the practice ran searches of patients prescribed particular medicines when drugs alerts were issued, so that appropriate reviews could be conducted.

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. One of the partner GPs was the named lead responsible for safeguarding adults and child protection issues. The practice protocols had last been reviewed in March 2016 and were accessible to all staff on the shared clinical computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw examples of records, confirming safeguarding alerts were processed appropriately and learning was shared with other interested agencies. The practice staff demonstrated they understood their responsibilities and all had

Are services safe?

received training on safeguarding children and vulnerable adults relevant to their role in the last year. The GPs, practice manager and assistant manager were trained to level 3; the practice nurse to level 2; and the remaining staff to level 1. We saw that the practice manager maintained clear records of training provided to staff and was able to easily identify when refresher training was due, so that it could be arranged or booked in due time.

- Chaperones were available if required if patients' required them. The service was mentioned in the practice leaflet and on the practice website. There were no notices regarding the service in the waiting area or consultation rooms, but this was done immediately, when we discussed it with staff. The chaperone policy, which had been reviewed in March 2016, was available to all staff on the practice computer system. Staff who performed chaperone duties had received appropriate training in March 2016, and repeat Disclosure and Barring Service (DBS) checks had been carried out. 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 interviewed several staff and discussed chaperoning. They had a clear understanding of issues and of their duties when acting as chaperones.
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy. The practice nurse and practice manager led on infection prevention and control issues. We saw records evidencing that most staff had received infection control training and noted that it was an area covered by the staff induction process. We saw that training needs were monitored closely, with refresher training scheduled for staff members who were due it. The practice liaised with the local infection prevention teams to keep up to date with best practice. The infection prevention and control policy was reviewed and updated annually, most recently in March 2016. There were regular infection control audits and we saw the last had been carried out shortly before our visit. We saw that disinfectant gel was available, with liquid soap, and hand washing guidance was provided by posters throughout the premises. Sink areas were uncluttered and taps were lever-operated. Clinical waste was disposed under an arrangement with a licensed contractor. Sharps bins were correctly assembled and were appropriately date-labelled. The practice had a generic sharps injury protocol, which was accessible on the shared computer system and guidance notices advising on procedures relating to sharps injuries were posted in the treatment and consultation rooms. Disposable curtains were used in the treatment and consultation rooms and had a note affixed of when they had been put up and were due to be changed. The practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks and staff we spoke with were aware of the appropriate procedures to follow. All medical instruments were single-use. A record was maintained of the Hepatitis B immunisation status of all clinicians and frontline staff. General cleaning was done by a contractor in accordance with written plans and schedules. Checklists and logs were maintained and the contractor's managers carried out frequent spot checks to monitor performance. We were told that equipment such as the spirometer and nebuliser were cleaned in accordance with the manufacturer's guidance, but there were no records to confirm this. The practice provided evidence that records had been introduced shortly after our visit.
- One of the partner GPs was lead for medicines management and the practice worked closely with the CCG pharmacy team. The practice benchmarked its prescribing using data provided by the CCG. There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. Vaccines fridge temperatures were monitored twice daily and recorded, using two thermometers. The assistant practice manager carried out regular monitoring and recorded stocks of medicines and vaccines, including those for home visits. Re-ordering of medicines was done by the practice nurse every two-to-four weeks to avoid a build-up of stock if it was unused for a significant period; vaccines were re-ordered by the nurse or the practice manager. All the medicines and vaccines we saw were within date and fit for use. Processes were in place for handling repeat prescriptions. Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. We checked the PGDs to confirm they had been appropriately signed and authorised.

Are services safe?

- We reviewed five 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 Criminal Records Bureau or later by the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well-managed. The health and safety and fire safety policies had been reviewed and were up to date. Staff had up to date training in health and safety and fire awareness. A fire risk assessment had been carried out in January 2017, when the firefighting equipment had been inspected and certified. The fire alarm was checked weekly, the emergency lighting monthly and a fire drill had been conducted the week before our visit. There were two trained fire marshals on the premises. The annual inspection and calibration of medical equipment had been carried out in July 2016. Annual PAT testing of electrical equipment had been done in February 2016. The five-yearly test of fixed wiring at the premises had been carried out in September 2016. The landlord's gas inspection had been completed in December 2016. There was a variety of risk assessments in place to monitor safety of the premises. These included risk assessments relating to the Control of Substances Hazardous to Health (CoSHH), with a CoSHH register being maintained, together with the various material safety data sheets. A risk assessment for

legionella - a particular bacterium which can contaminate water systems in buildings – had been done in March 2016. Water temperature monitoring was carried out regularly, with water samples being sent for analysis.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- Staff had received annual basic life support training in September 2016.
- The practice had a defibrillator available on the premises, with adult pads in date and the battery was charged ready for use. The practice had a supply of adult and child pads. The practice had an emergency oxygen supply, a first aid kit and an accident recording book was used. We saw evidence that the equipment was checked on a monthly basis. We discussed this with staff, who agreed to check it weekly henceforth. Adult and children's oxygen masks were available.
- The practice had a range of emergency medicines which were easily accessible to staff in a secure area of the practice; all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a detailed business continuity plan in place. The plan contained emergency contact numbers for stakeholders, utilities providers and contractors, together with staff contact details. It made provision for the service to relocate should the premises be unusable.

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. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and those issued by the Islington CCG. The practice monitored the CCG website and received alerts when guidelines were issued. The practice used up to date standard templates, which were appropriately revised when new guidance was issued. It also used the Map of Medicine, which includes up to date templates and local care pathways, which were appropriately revised when new guidance was issued.

- The practice had systems in place to keep all clinical staff up to date and to provide them with information to help deliver care and treatment that met patients' needs. For example, we saw that the practice had a protocol for receiving and disseminating clinical guidance, such as those issued by the National Institute for Clinical Excellence (NICE), which the practice had reviewed in March 2016. Guidelines were received and logged onto the practice's computer system and passed on to clinical staff. We saw from minutes of a recent practice tutor scheme meeting that revised NICE guidelines regarding "Stroke and transient ischaemic attack" had been reviewed and discussed by staff.
- 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. One of the partner GPs had lead responsibility for monitoring performance, working closely with the practice manager.

The published results for 2015/16 showed the practice achieved 99.5% of the total number of points available being 4.7% above the CCG and 4.1% above the national average. The practice's overall exception rate was 8.9%, compared with the CCG average of 6.1% and the national average of 5.7%. 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 that cannot be prescribed because of side effects.

This practice was not an outlier for any QOF or other national clinical targets. Data showed:

- The 100% performance for diabetes related indicators was 11.6% above the CCG average and 10.1% above the national average.
- The 100% performance for hypertension related indicators was 3.9% above the CCG average and 2.7% above the national average.
- The 100% performance for chronic obstructive pulmonary disease was 4.2% above the CCG average and 4.1% above the national average.
- The 100% performance for mental health related indicators was 8.5% above the CCG Average, and 7.2% above the national average.

There was evidence of quality improvement, including clinical audit to highlight where improvements made could be monitored. They included ones that had been initiated by the practice, as well as a number by the local CCG, following guidelines issued by NICE and the Medicines and Healthcare products Regulatory Agency. There had been nine clinical audits carried out in the last two years. Of these, three were completed-cycle or ongoing repeat audits. We looked at the results of a completed cycle audits relating to methotrexate (used to treat some types of cancer and auto-immune diseases) and warfarin (an anticoagulant) prescribing, which showed appropriate care was maintained on an ongoing basis, together with good management of patients' conditions.

Effective staffing

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

- The practice had an up to date induction policy, with an induction programme for all newly appointed staff, which included them completing all mandatory training. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and was monitored by the practice manager.
- The practice made little use of locum GPs. There was one regular locum, who had trained at the practice and was therefore familiar with its processes. We saw there

Are services effective?

(for example, treatment is effective)

was a quick reference pack, providing necessary local information. In addition, the practice used the Map of Medicine, which locums could access and which set out guidance on local procedures and patient care pathways.

- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example diabetes and mental health care, safeguarding and infection control.
- 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 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. The two partner GPs working at the practice were due for revalidation in 2018 and 2020 respectively. Until recently, the partners undertook staff appraisals for the practice nurse and practice manager, while the practice manager appraised the other staff. However, the appraisals had been postponed briefly and were due to be conducted by the two new partner GPs shortly after the inspection.
- Staff received training that included: safeguarding, infection control, fire safety awareness, basic life support, and information governance. Staff had access to and made use of a range of e-learning training modules and in-house and external training.
- The practice manager maintained various spreadsheets to plan staffing arrangements for to ensure there were sufficient staff numbers available. Rotas were prepared a month in advance.

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 saw examples on various patients' records which we reviewed with the provider. These included a patient's detailed personalised care plan which set out a brief medical history, medication, action points to manage general health, and contact details for local health care providers.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services, such as palliative care teams, together with the out-of-hours service provider. 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. We saw evidence of Multidisciplinary Team meetings (MDTs) taking place on a regular basis. Formal face-to-face meetings with health visitors, district nurses and the community matron were held every three months, with monthly telephone conferences. In addition, there were specific meetings called when concerns warranted it.

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. The clinical team and the assistant manager had received training in 2016, which included guidance on the Mental Capacity Act 2005. The practice manager had the training shortly 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.
- Staff were able to demonstrate a familiarity with children's capacity to consent to treatment, which included consideration of the Fraser Competence Guidelines, relating to contraceptive or sexual health advice and treatment.

Are services effective?

(for example, treatment is effective)

- The practice computer system contained appropriate templates for use in establishing patients' mental capacity to consent and to record action taken in the patients' best interest. We saw the minutes of a best interest meeting, involving other care professionals.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. 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 had identified the smoking status of 769 patients aged over-16 years and had offered a smoking cessation clinic appointment to 761 (99%) of them. The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months (01/04/2015 to 31/03/2016) was 99.83%, compared with the CCG average of national average of 93.66% and the national average of 94.96%.

The practice's uptake for the cervical screening programme 81.05% being above the CCG average of 76.67% and comparable with the national average of 81.43%. There was a policy to offer telephone reminders for all patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and it 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, with its results for both being comparable with the CCG averages.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 91%, achieving one of the four target indicators, scoring 8.6 out of 10, below the national average of 9.1. Immunisations rates for five year olds ranged from 92% to 96%, being above local and national averages.

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.

We received 21 patient comment cards, and all except one were consistently very positive regarding the practice providing a caring service. One card mentioned a number of clinical issues which concerned the patient. We spoke with four patients who used the service and their views aligned with the comment cards we received.

The results of the GP patients' survey were generally comparable with the local average. For example -

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 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%.
- 81% of patients said the last nurse they saw or spoke to was good at listening to them, compared to the CCG average of 85% and the national average of 91%.
- 83% of patients said the last nurse they saw or spoke to was good at giving them enough time, compared to the CCG average of 87% and the national average of 92%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 85% and the national average of 91%.

In addition, 84% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Most also told us they felt listened to and supported by staff, and generally had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were comparable with local and national averages. For example -

- 83% 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%.
- 81% 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%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 85% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments, compared with the CCG average of 84% and the national average of 90%.
- 78% 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%.
- 94% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 94% and the national average of 97%.

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. Information about the service was given on the website, in the practice leaflet and there were posters informing patients the service was available. A number of staff spoke additional languages and could assist patients if necessary.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

There was information available to patient in the waiting area, on its website and in the practice leaflet, on 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 when a patient was recorded as being a carer. The practice had identified 81 patients as carers, amounting to 2.7% of the patient list. Staff told us the practice was working to identify more

carers opportunistically, for example when they attended routine appointments. It invited patients who were carers to inform staff so that they could be directed to support services available.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone or letter, offering a face-face or telephone consultation. We saw that information about bereavement and support services was available on the practice website and the practice posted information in the waiting area when we discussed this at the visit.

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.

- A number of emergency and same-day slots were available throughout the week.
- Patients had access to evening and weekend appointments at three practices across the borough under a local scheme.
- There were longer appointments available for patients with learning disabilities and for reviews of long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations with GPs and the nurse were available for working patients.
- There were disabled facilities; the three GP's consulting rooms and the nurse's treatment room had step-free access. The practice had an induction loop to assist patients with a hearing impairment.
- There were baby-changing and breast feeding facilities available.
- An interpreting service was available to assist patients for whom English was an additional language.
- Appointments could be booked, and repeat prescription requested, online.

Access to the service

The practice reception operated between 8.30 am and 6.30 pm Monday to Friday. Appointments were available each morning afternoon between 9.00 am and 11.30 am; each afternoon between 12.30 pm and 2.30 pm; evening sessions operated on Monday, Wednesday and Friday between 4.00 pm and 6.00 pm. A number of slots were kept free each session for same-day appointments and emergencies. Appointments with the practice nurse were available between 8.30 am and 1.00 pm on Monday and Tuesday; and between 2.00 pm and 5.00 pm on Thursday.

Routine consultations could be booked up to two weeks in advance and were 10 minutes long, but longer appointments could be booked if patients had more than one issue to discuss. Home visits were available for patients

who may be house bound. The GPs and the practice nurse were also available for telephone consultations. Routine appointments with GPs could be booked online by patients who had previously registered to use the system. It could also be used to request repeat prescriptions.

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. In addition, the CCG provides the "IHub" 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 is also a walk in service available to all patients at three sites. Information about the out-of-hours provider, NHS 111 service and the IHub service was given in the practice leaflet and on the practice website. It also gave the address of two nearby Accident and Emergency departments, together with contact details of the out of hours urgent dental service and local mental health services.

Four of the comment cards we received mentioned concerns regarding access to the service. Two of the four mentioned delays in getting appointments and two referred appointments not running on time; one mentioned a long wait, but did not clarify whether this related to getting an appointment or being seen at the appointed time. Although none of the four patients we spoke with had any complaint regarding access, we noted that results from the GP patients survey regarding access to the service were generally below local and national averages, for example:

- 69% of patients found it easy to get through to this practice by phone compared to the local average of 77% and the national average of 73%.
- 75% 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%.
- 88% say the last appointment they got was convenient compared to the CCG average of 86% and the national average of 92%.
- 58% describe their experience of making an appointment as good compared to the CCG average of 69% and the national average of 73%.
- 40% usually get to see or speak to their preferred GP compared to the CCG average of 51% and the national average of 59%.

Are services responsive to people's needs?

(for example, to feedback?)

- 60% usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 59% and the national average of 65%.
- 42% feel they don't normally have to wait too long to be seen compared to the CCG average of 53% and national average of 58%.

The practice had reviewed the patient survey results and we saw its commentary on them. At the time of the inspection, three of the partner GPs also operated at another practice in a neighbouring CCG. Two of the partners, together with the practice nurse, assistant practice manager and most of the administrative staff shared their time between both sites. It was stated that the other surgery was shortly to close, allowing the available resources to be concentrated on the Partnership Primary Care Centre. In addition, two new partner GPs had joined the practice in October 2016, with the likelihood of another salaried GP being available. It was anticipated that results regarding access to the service would improve as a consequence. However, the practice should continue to monitor the patient survey results and feedback and take appropriate steps should there be no significant improvement, compared with local and national averages.

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, which had been reviewed in March 2016, were in line with recognised guidance and contractual obligations for GPs in England. Complaints were acknowledged in writing within three days, with a full response being provided within ten.
- 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. There were notices posted around the premises and a complaints leaflet available both at the practice and on its website. Details were provided of organisations offering support to patients with complaints.

We saw that ten complaints had been made in the previous two years. The complaints were satisfactorily handled and dealt with in a timely way, with openness and transparency. The complaints were closely monitored, being a standing agenda item for both clinical and staff meetings and they were reviewed on an annual basis. We saw two examples relating to complaints made about receptionists. These were reviewed by staff and resulted in further training in customer care being provided.

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 and supporting business plans to deliver high quality care and promote good outcomes for patients. Its aims and objectives were set out in its statement of purpose as follows -

- To provide the best possible quality service for our patients within a confidential and safe environment by working together.
- To show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem.
- To involve our patients in decisions regarding their treatment.
- To promote good health and well-being to our patients through education and information.
- To involve allied healthcare professionals in the care of our patients where it is in their best interests.
- To encourage our patients to get involved in the practice through an annual survey and encouragement to comment on the care they receive.
- To ensure that all member of the team have the right skills and training to carry out their duties competently.

Staff we spoke with were familiar with the aims and supported them fully. The practice's mission statement was posted in the patient waiting area and on its website.

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 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, reviewed and shared with other practices operated by the provider.
- The practice monitored the results of the GP patients' survey, producing action plans where the need for improvements was identified.

- A programme of clinical audits relating to prevalent health issues was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partner GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told they prioritised safe and compassionate care. Two new partners had joined the practice in October 2016, but had not yet started seeing patients; one was to take over as registered manager of the practice and a review of the service was planned.

The practice 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 practice 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.

- We saw that the practice held regular clinical team and whole-staff meetings, together with annual review meetings to monitor significant events and complaints.
- Complaints and significant events were standing agenda items at clinical and staff 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. They were involved in discussions about how to run and develop the practice.

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

Are services well-led?

Good 

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

The practice encouraged feedback from patients and staff. The practice website had a facility to submit comments and suggestions online and there was a suggestions box in the waiting area. The practice carried out detailed analyses of complaints directly received, and monitored the results of the GP patient survey, producing action plans to address patients' concerns.

The practice gathered feedback from patients through the patient participation group (PPG). We spoke with two PPG members who were positive regarding the practice's engagement with the group. The group was made up of seven patients, with an average of five attending meetings. We noted that meetings were infrequent and that they took place during the afternoon, which might prevent working patients from getting involved. The practice was encouraging uptake by advertising the group in the waiting area and on the practice website and leaflet. The practice also encouraged patients' involvement in the pan-Islington PPG, allowing feedback on issues relating to the Islington CCG as a whole.

The practice had gathered feedback from staff through staff meetings and general discussion. Staff told us they would

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run; some told us there was a need for more staff, particularly at busy times. Appraisals were due to be conducted by one of the new partner GPs and staffing levels would be reviewed. With the planned closure of the sister practice, resources could be concentrated on the one site.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff told us of support provided by the practice in relation to personal training needs. For example, staff had protected learning time to support their professional development. It was a training practice with one second-year foundation level doctor attached. Staff attended various educational events arranged by the CCG and there were regular "practice tutor scheme" meetings, which were monitored by the CCG. Under a local scheme, the practice was shortly to have an attached pharmacist, who would assist in monitoring medicines safety and prescribing practice.