

# Mitchison Road Surgery

## 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 20 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 the provider should make improvements:

- Continue to monitor patients' satisfaction over access to the service, including continuity of care, and take remedial action where any need for improvement is identified.
- Review current arrangements and consider obtaining an induction loop to assist patients with a hearing impairment.

### 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.
- The practice monitored performance and where the need for some improvement had been identified it had implemented actions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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. Where issues had been highlighted, the provider had drawn up action plans to address them.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Early morning and evening appointments were available throughout the week and on Saturday mornings 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.

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 understood the vision and their responsibilities in relation to it.
- There was a strong leadership structure and staff felt supported by management. 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 provider encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted upon. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people 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 92 patients currently on the register, all of whom had up to date care plans.
- Eleven patients (85%) of those discharged from hospital had received a follow up consultation.
- Data showed that 2,381 patients aged over-65 were prescribed ten or more medicines; of whom 1,667 (70%) had had an annual structured medication review in the half year since April 2016.
- One hundred and seventy patients identified as being at risk of developing dementia had received a cognition test or memory assessment in the past two years.

Good



### People with long term conditions

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

- The practice's performance relating to patients with long term conditions was generally above local and national averages.
- 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 85.94%, compared with the national average of 77.58%.
- The percentage of patients with asthma, on the register, who have 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 73.86%, compared with the national average of 75.55%
- 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 93.02%, compared with the national average of 89.59%

Good



# Summary of findings

- 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.
- Take up rates for standard childhood immunisations were above or comparable with 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 midwives and 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).

- 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.
- Early morning and evening appointments were available throughout the week and Saturday mornings for patients unable to attend during normal working hours.
- Telephone consultations with GPs could be booked in advance and issues could be discussed with the daily duty GP.
- Patients could correspond securely with GPs on routine healthcare issues.
- The practice's uptake for the cervical screening programme was comparable with the local and national average.

**Good**



## **People whose circumstances may make them vulnerable**

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

**Good**



# Summary of findings

- 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 32 patients, of whom 16 (50%) had received an annual follow up and had their care plans reviewed in the half year since April 2016. The practice had an action plan to complete the outstanding reviews.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The 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 92.98%, compared with the national average of 88.77%.
- 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 80%, compared with 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.

Good



# Summary of findings

## What people who use the service say

### What people who use the practice 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 included patients' responses relating to the service when it was operated by the previous provider. The results showed the practice was performing slightly below local and national averages. Three hundred and fifty-four survey forms were distributed and 82 were returned. This represented roughly 1.8% of the practice's list of approximately 4,500 patients.

- 73% 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%.
- 82% 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%.
- 72% 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%.

- 72% 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 11 comment cards, and spoke with six patients during the inspection, together with a member of the patient participation group (PPG). Eight of the patient comments cards we received were very positive regarding the service. One mentioned appointments running late; another referred to being rushed by GPs and limited continuity of care; and a third said the patient had experienced delays in receiving test results. Of the six patients we spoke with, those who had been with the practice prior to the provider taking over the service were generally less positive than patients who had joined since August 2016. The long-term patients had concerns over some reception staff being rude; difficulties in getting appointments and waiting times; others were complimentary. The PPG member was positive about the practice's engagement with the group, which the provider had re-established after taking over the service.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to monitor patients' satisfaction over access to the service, including continuity of care, and take remedial action where any need for improvement is identified.
- Review current arrangements and consider obtaining an induction loop to assist patients with a hearing impairment.



# Mitchison Road Surgery

## 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 nurse specialist adviser and an Expert by Experience.

## Background to Mitchison Road Surgery

The Mitchison Road Surgery operates at 2 Mitchison Road, London N1 3NG. The premises are off Essex Road in Islington and have good transport connections nearby. The service is provided by AT Medics, which operates 33 other general practices across London. AT Medics took over the practice at very short notice in August 2015. It was originally given an eight month contract by the Islington CCG, which was then extended by a further four months. It has now been given a five year contract to operate the service.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 4,500 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 38 general practices. The Mitchison Road Surgery is registered with the Care Quality Commission 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 an above average working age population, between 25 and 49, with fewer than average young children, teenage and older

patients. The deprivation score for the practice population is in second “more deprived decile”, indicating a higher than average deprivation level among the patient population.

The practice has a clinical team of three salaried GPs - two male and one female. There is a female practice nurse and a female healthcare assistant. There is an attached pharmacist, who works at the practice and its sister practice in Kings Cross. One of the GPs works three and a half days a week; another two and a half and the third two days a week. AT Medics’ GP Director attends one day a week. The practice nurse works two days a week, with cover on other days from the provider’s bank staff, and the healthcare assistant, two days. There is a senior manager and an administrative team of seven administrators / receptionists.

The practice is open from 8.00 am to 6.30 pm, Monday to Friday, and from 9.00 am to 1.00 pm on Saturday. It is closed on Sunday. Appointments can be booked up to four weeks in advance. Routine appointments are ten minutes long and available throughout the day. Double appointments can be booked if patients have more than one issue to discuss. There are 36 daily appointment slots, with seven or eight same-day appointments available daily. Telephone consultations with GPs are available between 9.00 am and 12 noon, Monday to Friday, which patients can book if attendance in person at the practice is not necessary. The GPs make home visits to patients who are unable to attend the practice for reasons of health or disability. Patients are able to register with the practice to allow them to book appointments and order repeat prescriptions online. Patients can also arrange “E-Consultations” allowing them to correspond securely with GPs by email on routine healthcare issues. Prior registration for this service is not required.

# Detailed findings

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website. 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.

## 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 20 October 2016. During our visit we:

- Spoke with a range of staff including AT Medics’ GP Director, salaried GPs, the practice nurse and healthcare assistant, a member of the corporate nursing team, the

senior manager and members of the administrative team. We also spoke with six patients who used the service and a member 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 an effective system in place for reporting and recording significant events. These included actual incidents and near misses.

- The practice's computer system had a protocol for recording incidents, managing any investigation, and for the analysis and recording of the outcomes. The protocol, which had been reviewed in June 2016, and reporting form 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 considered at clinical meetings, held every two weeks and were reviewed on a quarterly basis. We saw minutes of a clinical meeting in February 2016, when a number of issues highlighted by an internal review had been discussed by staff and actions drawn up. Details of significant events were also collected, reviewed and monitored on a corporate basis by the provider, AT Medics. They were included with various other performance management data in the provider's business intelligence monitoring report which was reviewed at monthly corporate management meetings.
- 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 15 issues that had been treated as significant events since August 2015, when the provider took over the service. Eight of the issues had been

highlighted when the provider carried out a detailed internal review of the service in February 2016. They included a lack of regular staff meetings, infection prevention and control concerns and health and safety risk assessments having not taken place for a considerable time prior to the handover of responsibility. As a consequence, the provider drew up a detailed plan and schedule of clinical and practice meetings; introduced a new cleaning schedule, regular one-to-one meetings with the cleaner and appointed a corporate infection control nurse with responsibility for carrying out regular infection control audits. It arranged for staff to receive mandatory training in health and safety matters, and appointed a named staff member with responsibility for carrying out weekly health and safety inspections.

Patient safety alerts, received using the NHS Central Alerting System, and for example relating to particular medicines, were initially processed by the senior manager, who emailed them to the appropriate clinician. A central record of the alerts was maintained. In addition, alerts were set out and brought to staff's attention in the provider's weekly bulletin, shared across all the practices it operated. We saw an example of a recent MHRA alert relating to Levonorgestrel, an emergency contraception, being discussed in the bulletin.

### 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 salaried GPs was the named lead responsible for safeguarding adults and child protection issues, and support was available from the provider's corporate team. The practice protocols had been adapted from the provider's corporate policies, tailored for local use. The protocols 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. Formal safeguarding meetings were held every six weeks, but there was closer liaison when necessary. We reviewed the minutes of several safeguarding meetings.

## Are services safe?

The practice staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to level 3; the practice nurse and healthcare assistant to level 2; and the remaining staff to level 1. We saw that the senior manager maintained clear records of when refresher training was due, so that it could be arranged or booked in due time.

- Notices in the consultation rooms advised patients that chaperones were available if required. The service was also mentioned on the practice website. The chaperone policy, which had been reviewed in June 2016, was available to all staff on the practice computer system. Administrative staff who performed chaperone duties had received appropriate training 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 saw that annual refresher training, due for a few staff members shortly after our inspection, was already booked. 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. There were some floor and wall areas that were stained, but these were due to be replaced or redecorated following a successful application for funding. The practice nurse was the infection control lead, who received support and mentoring from the corporate nursing team. We saw records evidencing that all 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 infection control policy was reviewed and updated in June 2016. The practice liaised with the local infection prevention teams to keep up to date with best practice. An infection control audit of the whole premises had been carried out by the corporate nursing team following an internal assessment of the service in January 2016, which had highlighted issues that predated the provider taking over the service. We saw that disinfectant gel was available 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. We noted that there were no purple bins for sharps contaminated with hormones. We discussed this with staff who confirmed these would be obtained forthwith. 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 available 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. We saw the provider's corporate decontamination protocol, which set out the schedule for cleaning equipment and furniture. All medical instruments were single-use. A record was maintained of the Hepatitis B immunisation status of all clinicians and frontline staff.

- One of the salaried GPs was lead for medicines management, working with the in-house clinical pharmacist, who covered both Mitchison Road Surgery and its sister practice in Kings Cross. 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 and recorded. The practice appropriately monitored and recorded stocks of medicines and vaccines, including those for home visits. Re-ordering was usually done on a regular basis to avoid a build-up of stock if it was unused for a significant period. However, we noted that a fridge was slightly overstocked, as flu vaccines for the upcoming season had been delivered recently. All the medicines and vaccines we saw were within date and fit for use. No controlled drugs were kept on the premises. Processes were in place for handling repeat prescriptions; the repeat prescribing policy had been reviewed in June 2016. Blank prescription forms and pads were maintained securely with a log kept of the serial numbers. We saw that Patient Group Directions

## Are services safe?

(PGDs) had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. The PGDs were signed by the clinical lead / GP Director and their use was in accordance with current guidelines.

- We reviewed six 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. A general health and safety risk assessment had been carried out in November 2015 and the health and safety policy had been reviewed in June 2016. An internal review in February 2016 had highlighted that there had been no fire risk assessment done for some time prior to the provider taking over the practice. We saw that a fire risk assessment was carried out later that month, when fire fighting equipment was checked, and that staff had completed annual fire awareness training around the same time. Two staff members were named fire marshals. The fire alarm was tested on a weekly basis and fire drills were conducted every six months. The annual inspection and calibration of medical equipment had been carried out in October 2016, together with the PAT testing of electrical equipment. The five-yearly test of fixed wiring at the premises had been carried out in January 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) and legionella - a particular bacterium which can contaminate water systems in buildings. A CoSHH register was maintained, together with the various material safety data sheets.

### 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 were up to date with annual basic life support training.
- The practice had a defibrillator available on the premises, with the pads in date and the battery was charged ready for use. 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 weekly basis. Adult and children's 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. Supplies were logged and monitored on a weekly basis.
- 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. The plan had been implemented and worked well in May 2016, when a power cut was experienced at the premises. The problem was resolved in three hours. Telephone consultations were conducted from the sister practice in Kings Cross, allowing the clinician to access patients' electronic records. Patients whose face-to-face appointments had to be cancelled during the morning were seen during the afternoon at Mitchison Road.



# 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.

- 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). Guidelines were received and logged onto the practice's computer system and passed on to clinical staff. We saw that they were discussed at clinical meetings and at bespoke meetings where appropriate. The guidelines were saved in a shared folder, which could be accessed by all staff, as well as by any locums or temporary staff. New guidance was also highlighted in the provider's weekly bulletins which were distributed to staff at all its practices. We saw an example of the bulletin from the week prior to our inspection, when NICE Guidelines relating to "Cardiovascular disease: risk assessment and reduction, including lipid modification", had been referred to.
- 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 GP partners had lead responsibility for monitoring performance.

The published results for 2015/16 showed the practice achieved 100% of the total number of points available

being 5.2% above the CCG and 4.7% above the national average. The practice's exception rate was 8.5%, slightly above 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.

Staff told us that the results were achieved by improving on patient recall systems, for example by focussing recalls during less busy times, such as during the summer. The provider monitored QOF performance across all its practices, highlighting issues in weekly corporate bulletins, which allowed for comparison and supported reflection.

The provider's review of the service in February 2016 had highlighted that no clinical audits had been undertaken and the issue was treated as a significant event. Actions stemming from the review included a named staff member being given responsibility for co-ordinating cyclical and regular audits, ensuring they were carried out and acted upon, and a number of initial audits were identified. We saw that eight audits had been done since and looked at two that were two-stage completed cycle audits. One related to patients with hypertension (high blood pressure) and compared patients record data collected between March and July 2015, with data from August 2015 to March 2016. It showed that diagnosis rates had improved from 80% to 100% over the two cycles, and that medication management had improved from 53% to 94%. It also indicated that there had been a reduction in providing lifestyle advice to patients. We saw that plans were put in place for the patients to be contacted to arrange an appointment with the practice nurse or healthcare

# Are services effective?

## (for example, treatment is effective)

assistant. The second completed cycle audit related to the health of patients with diabetes and compared data from January 2016 with data from June 2016. The audit demonstrated an increase of 30% in the number of patients who had had their care reviewed and been given lifestyle advice.

### Effective staffing

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

- The practice had two week induction programme for all newly appointed staff, who were required to complete all mandatory online training modules within three months of their appointment. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and was monitored by the senior manager.
- The provider had its own bank of locum GPs and a corporate nursing team. They were therefore familiar with corporate policies and procedures. Locum or temporary staff who were new to the practice were given a face-to-face induction, involving guidance on issues specific to Mitchison Road.
- 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. All staff had received an appraisal within the last 12 months; this included “360 degree” appraisals of clinical staff.

- Staff received training that included: safeguarding, 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.
- Clinical staff rotas were prepared three months in advance, while those for the administrative were done a month in advance. An incident of administrative staff shortage due to sickness had been treated as a significant event in February 2016. This had resulted in the introduction of collaborative working with the sister practice allowing staff to be called in to cover for absences, if necessary.

### 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 clinical staff. These included a care plan for adult patients with asthma, which included notes of medications reviews and follow up dates.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients’ needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence of Multidisciplinary Team meetings (MDTs) taking place on a regular basis. These were held at a neighbouring practice every fortnight. Ad hoc meetings were held in appropriate cases. Minutes of the meetings were distributed to all GPs. The practice used special patient notes to share information with the local out of hours service provider and ambulance service.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. Staff had received training which included guidance on the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.
- 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 928 patients aged over-16 years and had offered them a smoking cessation clinic appointment. 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 92.62%, comparable with the national average of 94.96%.

The practice's uptake for the cervical screening programme 80.1% being comparable with the national average. 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.

There was information about the winter flu vaccination programme on the practice website and around the premises and the practice had just received stocks of vaccine to commence the programme. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100%, achieving all four target indicators and were above local and national averages. Immunisations rates for five year olds ranged from 78% to 94%, being comparable with local averages.

Patients had access to appropriate health assessments and checks. These included blood pressure checks for patients aged over 40 years, for which data showed that 2,043 patients (45% of those eligible) had had their blood pressure checked in the previous 12 months. The practice also carried out NHS Health Checks on 130 patients, being 54% of those eligible. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Most phone calls were currently being taken in the reception area, possibly allowing some private information to be overheard. The practice was aware of the issue and there were plans for the layout of the premises to be remodelled, following the submission of a funding application.

Eight of the 11 patient comments cards we received were positive regarding the practice providing a caring service. One mentioned appointments running late; another referred to being rushed by GPs and limited continuity of care; and a third said the patient had experienced delays in receiving test results. We spoke with six patients. Those who had been with the practice prior to the provider taking over the service were generally less positive than patients who had joined since August 2016. The long-term patients had concerns over some reception staff being rude; difficulties in getting appointments and waiting times. The comments seemed to be borne out by the results of the GP patients' survey, which were below average. For example -

- 74% 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%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 84% 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%.

- 73% 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%.
- 77% 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%.
- 82% said they found the receptionists at the practice helpful, compared to the CCG average of 86% and the national average of 87%.

We noted that the survey results related in part to the period before the provider became responsible for the service. We discussed the results with staff. The provider had taken over the practice on very short notice, originally having been given an eight month contract, which was later extended by four months. In the circumstances, the provider had found it difficult to resource the service with regular clinical staff. Since then, the provider had been given a five year contract, and had appointed three salaried GPs and the practice nurse to work at the practice permanently. The practice felt this would improve patients' experience at consultations, as well as continuity of care.

### 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. However, one patient mentioned feeling rushed at one of their appointments.

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

- 82% 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%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

## Are services caring?

- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. Information about the service was given on the website and there were posters informing patients the service was available. The website had a simple feature allowing its translation into numerous languages other than English. A Turkish speaking counsellor could be booked to assist patients of Turkish background.

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

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

The practice's computer system alerted GPs when a patient was recorded as being a Carer. The practice had identified 114 patients as carers, being approximately 2.5% of the practice list. The practice had written information available on the practice website to direct carers to the various avenues of support available to them.

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

# 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.

- Early morning and evening appointments, together with Saturday morning appointments, were available for patients not able to attend during normal working hours. These included appointments with GPs, and the practice nurse and healthcare assistant.
- Emergency consultations were available for children and those patients with medical problems which required urgent consultation.
- 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 were available each weekday morning for working patients.
- There were disabled facilities and the consultation rooms in use had step-free access. The practice did not have 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. A Turkish counsellor attending regularly to assist to large percentage of patients of Turkish background.
- Appointments could be booked, and repeat prescription requested, online.
- There was an "E-Consultation" service allowing patients to correspond securely with GPs on non-urgent healthcare issues.

### Access to the service

The practice opened from 8.00 am to 6.30 pm, Monday to Friday, and from 9.00 am to 1.00 pm on Saturday. It was closed on Sunday. Appointments could be booked up to four weeks in advance. Routine appointments were ten minutes long. Appointments with GPs, the practice nurse and healthcare assistant were available throughout the

day. Double appointments could be booked if patients had more than one issue to discuss. There were 36 daily appointment slots, with seven or eight same-day appointments available daily. Telephone consultations with GPs were available between 9.00 am and 12 noon, Monday to Friday, which patients could book if attendance in person at the practice is not necessary. The GPs made home visits to patients who were unable to attend the practice for reasons of health or disability. Patients were able to register with the practice to allow them to book appointments and order repeat prescriptions online. Patients could also arrange "E-Consultations" allowing them to correspond securely with GPs by email on routine healthcare issues. Prior registration for this service was not required.

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. There was information given about the out-of-hours provider and the NHS 111 service on the practice website. In addition, the CCG provided 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 was also a walk in service available to all patients at three sites.

Some patients we spoke with said that telephone calls sometimes went unanswered; that there were delays in getting appointments and frequent long waiting times of 30 or 40 minutes when at the surgery. One patient said they rarely saw the same GP. However, we noted that most of the related results from the GP patients survey were generally comparable with local and national averages, for example:

- 73% 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%.
- 82% 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%.
- 85% say the last appointment they got was convenient compared to the CCG average of 86% and the national average of 92%.
- 67% describe their experience of making an appointment as good compared to the CCG average of 69% and the national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 47% usually get to see or speak to their preferred GP compared to the CCG average of 51% and the national average of 59%.

The results relating to waiting times were mixed -

- 49% 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%.
- 40% 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 appointed three salaried GPs and the practice nurse to improve continuity of care. It was also encouraging the use of telephone and "E-Consultations" to speed up the appointment system and waiting times. The telephone consultation service, particularly, was approved of by patients we spoke with and by those who submitted comments cards. The practice was also in discussion with the telephone service provider over increasing the number of incoming lines to reduce perceived delays in answering calls.

The practice was the tenant of privately owned premises. The provider was responsible for minor maintenance and decoration. There were five consultation rooms, four being accessible on the ground floor. The consultation room in the basement was not used to see patients. The premises were generally compliant with disability legislation, but we noted it did not have an induction loop to assist patients with a hearing impairment. Some areas were in need of redecoration and there were plans for this to be done,

following a successful bid for funding. Some remodelling was also planned to allow for more storage space and to relocate the switchboard so that incoming calls could not be overheard by patients in the waiting area.

### Listening and learning from concerns and complaints

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

- Its complaints policy, which had been reviewed in July 2016, and procedures 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 administrator 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.

We saw that eight complaints had been made in the previous 12 months. The complaints were satisfactorily handled and dealt with in a timely way, with openness and transparency. There were no identifiable trends. The complaints were closely monitored, discussed at staff meetings and reviewed on an annual basis. Information was shared with other practices operated with the provider to share any relevant learning. We saw an example which related to a patient being given wrong information. The matter was discussed at a practice meeting and administrative staff were given training on patient interaction.

# 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 -

- Our Aim is to provide quality world class accessible health care.
- Innovating solutions responsive to patient's needs.
- Investing in staff through structured coaching, leadership and training.
- To develop systems that provides the organisation with information on patient safety, patient experience, clinical effectiveness, service performance and financial performance.
- Health Promotion.
- Disease Prevention.
- Effective and safe prescribing.
- Identifying risks and implementing strategies.
- Making our services accessible and convenient for all patient groups.
- To ensure that our services are appropriate and responsive to our patients' needs.
- Involving patients in delivering or designing our services.
- Commitment to continuing professional development and clinical governance.
- Regular auditing of our progress in health promotions and disease prevention to ensure effectiveness.

Staff we spoke with were familiar with the aims and supported them fully.

### Governance arrangements

The provider 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, and conducted its own patient surveys. The practice produced action plans where the need for improvements was identified.
- It checked and responded to reviews left by patients on the NHS Choices website, encouraging patients who had left anonymous concerns to contact the practice for resolution.
- The provider had introduced a programme of clinical and internal audit 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 GP Director and salaried GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told they prioritised safe, high quality and compassionate care. The GP Director spent one day a week at the practice. Staff told us that the GP Director, GPs and senior manager were approachable and always took the time to listen to all members of the practice team. Salaried GPs had lead roles for various clinical areas, such as safeguarding, prescribing, etc.

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 provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

There was a clear leadership structure in place and staff felt supported both by corporate leaders and local management.

- We saw that the provider had introduced a programme of various practice meetings, which included the clinical

# Are services well-led?

Good 

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

team, admin / reception and whole staff meetings. Clinical meetings were often extended to include the clinical team at the sister practice to widen discussion and learning.

- Complaints and significant events were monitored at regular meetings and reviewed annually. Issues were shared with other practices across the group operated by the provider so that all could benefit from the learning.
- 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. All staff were involved in discussions about how to run and develop the practice. Corporate and local management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The provider encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was a suggestions box in the reception area and the practice website had a facility to submit comments, reviews, suggestions and complaints online. The provider carried out detailed analyses of complaints directly received, together with those left by patients on the NHS Choices website, and had produced action plans to address patients' concerns.

The practice had carried out its own patient survey, conducted by an independent organisation between February and May 2016. There had been 172 patient responses and the results were generally positive. We saw an action plan that had been drawn up to improve telephone access, continuity of care, promoting telephone and "E-consultations" to reduce waiting times for appointments, and offering online services.

The practice had held an open day for patients to introduce the new service and discuss issues of concern. It also

gathered feedback from patients through the patient participation group (PPG). The PPG had been re-established by the provider after taking over the practice. Two meetings had taken place since the open day and it was planned for them to be arranged three times a year. We saw that between six and 11 patients had attended the meetings and the practice was actively encouraging more patients to get involved, both with the practice group and the larger CCG group. We spoke with a PPG member who was positive regarding the practice's engagement with the group.

The practice had gathered feedback from staff through staff meetings, appraisals 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. They were also positive regarding the corporate approach taken by the provider, sharing learning and allowing wider discussion on issues. Staff were enthusiastic regarding regular social events arranged by the provider.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. One of the salaried GPs is a trainer and there were plans in place to seek accreditation as a teaching practice. Staff told us of support provided by the practice in relation to personal training needs. For example, all staff had protected learning time to support their professional development.

The provider operated a support and development service for its nurses and healthcare assistants, which included fortnightly web-based seminars, which staff at the practice participated in. Similar seminars were conducted for GPs.

Information was regularly shared across the other practices operated by the provider so the learning could be passed on. The provider had recently entered into partnership with an academic institution with the aim of improving the quality of health care for its patients.