

Sobell Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sobell Medical Centre on 06 June 2017.

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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Include information about the practice's safeguarding procedures and protocols in the locum GP pack, in addition to that available on the practice computer system and on display in the consulting rooms.
- Prepare staff so that they know how the evacuation chair is used to assist a disabled person to leave the premises in an emergency if necessary.

Summary of findings

- Review arrangements for the identification of carers amongst the practice patient list so that all carers are offered support.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice provided information showing that in the first six months that it had been registered with CQC it was on course to meet QOF targets.
- Staff were aware of current evidence based guidance.
- A programme of clinical audit had been commenced and further audits were planned, including re-audits to establish whether or not changes had resulted in sustained improvements in patient care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of an appraisal system to identify personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example it served a large student population and prepared itself to deal with a surge in new patient registrations at the start of the new academic year.
- The practice took account of the needs and preferences of patients with life-limiting conditions.
- Patients we spoke with said they were able to make an appointment with a named GP and there was continuity of care, although there was a longer wait for these appointments. They said urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. There had been no complaints in the six months that Sobell Medical Practice had been registered with CQC.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.

Good



Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- The practice also identified at an early stage older patients who needed to be placed on the frailty register so that their needs would be anticipated and met.
- The practice recognised the need to develop further its procedures for following up patients when they were discharged from hospital. The practice had put a new system in place when the local enhanced service for avoiding unplanned admissions was ended.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice had identified areas to focus on to improve services for patients further including the uptake of the bowel cancer screening test and the shingles vaccination.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data gathered by the practice during the first six months showed that outcomes were projected to be in line with national averages.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Good



Summary of findings

health and medicines needs were being met. The named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs.

- The practice had signed up to the CCG Locally Commissioned Service (LCS) for long term conditions to improve early identification of patients at high risk, for example of chronic kidney disease.
- As part of the NHS Year of Care the GPs had attended care planning training and the practice adopted a care planning approach to caring for patients with diabetes and COPD (chronic obstructive pulmonary disease).

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Data gathered by the practice during the first six months showed childhood immunisation rates for the vaccinations given ranged between 83% to 99%.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided antenatal and postnatal care, child health surveillance, and a range of sexual health services.
- It was concerned to improve the uptake of the and of the to improve outcomes for young people still further.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, including extended opening hours.
- The practice offered online services and a full range of health promotion and screening that reflects the needs for this age group. The majority of pre-bookable appointments were available online.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, for example patients with dementia, patients receiving palliative care, carers, and adult safeguarding.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients where needed. They also reminded these patients about their appointments by phone, in addition to the text message reminders sent to all patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. They had received training including domestic violence and homelessness awareness, for example.

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).

- Data gathered by the practice during the first six months showed that outcomes were projected to be in line with national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example 92% to 100% of these patients had had their blood pressure checked and blood tests, and cervical smear for women. There were 57 patients on the practice's mental health register.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Good



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The Sobell Medical Centre registered with the CQC in December 2016. There has not yet been a national GP patient survey relating to the practice.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards, of which 21 were wholly positive about the standard of care received. These patients commented staff were helpful and kind; and that the doctors listened and explained things well, were reassuring, and were thorough. They said they were treated with dignity and respect and that their needs were responded to with the right care and treatment and in a timely way. Five cards made comments specifically

about the practice nurse: four positive and one negative. Two cards made comments specifically about the reception staff: one positive and one negative. And six cards made comments specifically about making an appointment: three positive and three negative.

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

There was no Friends and Families Test (FFT) results for the six months since the Sobell Medical Centre registered with the CQC.

Sobell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Background to Sobell Medical Centre

Sobell Medical Centre is in Holloway in north London. It is one of the member GP practices in NHS Islington Clinical Commissioning Group (CCG).

The practice is located in the second more deprived decile of areas in England. At 77 years, male life expectancy is lower than the England average of 79 years. At 82 years, female life expectancy is lower than the England average of 83 years. Data from the 2011 census shows the three largest ethnic groups in Tower Hamlets (White British, Bangladeshi and White Other) make up some 78% of the practice's catchment area. The provider told us that the local population was growing rapidly and that its demography was changing, placing new and increasing demands on the practice.

The provider told us the practice has approximately 3,800 patients and serves an ethnically diverse patient group, with 43% of its patients being of black and minority ethnic backgrounds. This compares with 30% for Islington as a whole and 16% for London. Nine percent of the practice population is aged 65 years and above and 12% are children and young people aged under 18 years. Seventy nine percent of the practice's patients are in the working

age group (18 to 64 years), and there are high rates on unemployment in the local population. Services are provided by Sobell Medical Centre under a General Medical Services (GMS) contract with NHS England.

The practice is in purpose built premises and all patient areas are wheelchair accessible. There is lift and a disabled toilet. There is one treatment room and two consulting rooms.

The two GP partners, one male and one female, work at the practice full time, and there is one practice nurse who works 4.5 days a week (0.9 whole time equivalent). The clinical staff are supported by a team of administrative and receptionist staff and a full time a practice manager.

The practice's opening times are:

- 9.00am to 1.30pm and 3.00pm to 6.30pm on Monday, Tuesday, Wednesday and Friday.
- 9.00am to 1.30pm on Thursday.
- Extended hours opening times are 6.30pm to 8.15pm on Tuesday.

Patients are directed to an out of hours GP service outside these times.

Weekday evening and weekend appointments are available from the I:HUB service which is run by Islington GPs.

Sobell Medical Centre is registered with the Care Quality Commission to carry on the following regulated activities at 272 Holloway Road, London, N7 6NE: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury. It registered with the CQC on 13 December 2016. Prior to this date the practice at this

Detailed findings

address was registered with the CQC as Dr Virender Gupta. Dr Gupta entered into a Partnership with another GP in June 2016 and the new practice was registered with the CQC as Sobell Medical Centre on 13 December 2016.

We have not inspected any GP service operating at 272 Holloway Road, London, N7 6NE before.

Why we carried out this inspection

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

We have not inspected this practice before.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 06 June 2017. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, practice manager, and administrative and receptionist staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and family members.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. There is specific guidance for staff to support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, carrying out identification checks with the patient when a sample is taken to ensure the sample is correctly labelled.
- The practice had set up a system to monitor any trends in significant events to enhance their value as a tool for improving patient safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. From the sample of one documented example we reviewed we found that the GPs provided reports where necessary for other agencies.

- Safeguarding policies were available on the practice computer system and safeguarding reporting procedure flow charts were on display in the consulting rooms. However, the locum GP pack did not include any information about the practice's safeguarding procedures and protocols.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the practice nurse were trained to child protection or child safeguarding level 3.
- A notice in the consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The main GP partner was the infection prevention and control (IPC) clinical lead and the practice nurse was the deputy IPC clinical lead. There was an IPC protocol and staff had received up to date training. There was a system in place to complete an IPC audit annually. The audit was due on 09 December 2017.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process

Are services safe?

to ensure this occurred. The practice carried out medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

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

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and had a system in place to carry out regular fire drills. There was a designated fire marshal within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. However, staff had not practiced how to use the evacuation chair to assist a disabled person to evacuate the building in an emergency as part of a fire drill.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments and systems in place to monitor safety of the premises such

as control of substances hazardous to health, infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also an alarm system that would alert the police in the event of a personal attack.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy was kept off site by the main GP partner and the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

Sobell Medical Centre had been providing services for six months prior to our inspection. The most recent published and independently verified Quality and Outcomes Framework (QOF) and national screening programmes performance results for 2016-2017 were not available at the time of our inspection. The practice provided us with the data given below. No CCG or national comparative data for 2016-17 were available at the time of the inspection.

The practice had achieved 415 points out of a maximum of 435 points, or 95%, for the clinical domain of QOF at 31/03/2017. The national average in 2015-16 was 95%.

For people with diabetes:

- The percentage in whom the last IFCC-HbA1C (a measure of blood sugar levels) is 64 mmol/mol or less was 72% at 31 March 2017. The national average in 2015-16 was 78%.
- The percentage in whom the last blood pressure reading is 140/80 mmHg or less was 90% at 31 March 2017. The national average in 2015-16 was 78%.
- The percentage whose last measured total cholesterol is 5 mmol/l or less was 77% at 31 March 2017. The national average in 2015-16 was 80%.

For people with COPD:

- The percentage who had an annual review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 93% at 31 March 2017. The national average in 2015-16 was 90%.

For people with asthma:

- The percentage who have had an annual review that includes an assessment of asthma control using the 3 RCP questions was 89% at 31 March 2017. The national average in 2015-16 was 76%.

For patients with hypertension:

- The percentage in whom the last blood pressure reading is 150/90 mmHg or less was 82% at 31 March 2017. The national average in 2015-16 was 83%.

For patients with atrial fibrillation:

- In those with a record of a CHA2DS2-VASc score of 2 or more, the percentage who are currently treated with anti-coagulation drug therapy was 64% at 31 March 2017. The national average in 2015-16 was 87%.

For people experiencing poor mental health:

- The percentage of people with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 92% at 31 March 2017. The national average in 2015-16 was 89%.

For patients with dementia:

- The percentage whose care plan has been reviewed in a face-to-face review was 80% at 31 March 2017. The national average in 2015-16 was 84%.

There was evidence that the practice had commenced a clinical audit programme. There had been two clinical audits commenced in the six months since Sobell Medical Centre registered with the CQC. One of these checked that patients who were taking bisphosphonates were receiving optimal care, for example. Bisphosphonates are a class of drugs that prevent the loss of bone mass and are used to treat osteoporosis and similar diseases. Following the audit carried out in February 2017 the practice had developed a bisphosphonate protocol to ensure patients were regularly reviewed and any adverse side effects minimised. The practice planned to repeat the audit to make sure the protocol was being implemented and was working.

Effective staffing

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety, information governance, and incident reporting as well as mandatory training, for example safeguarding children and adults and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- There was an appraisal system in place to identify the learning needs of staff. Staff appraisals were due to be completed in July and August 2017. Training needs were also identified through 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 and coaching and mentoring. There was clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and classroom-based training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of two documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using the summary care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Obesity advice and smoking cessation services were available on the premises.

The practice's uptake for the cervical screening programme was 72% at 31 March 2017. The national average in 2015-16 was 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by offering

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

the test opportunistically and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice told us uptake by its patients of the national screening programmes for bowel and breast cancer was comparable to the CCG and London averages, however it wanted to improve the uptake of the bowel cancer screening test by writing to those patients that had not responded to the invitation to have the test. At the time of the inspection no independently verified data was available for the six months in which Sobell Medical Centre had been operating.

For the quarter 01 April 2017 the practice achieved 91% coverage for childhood immunisations and 83% for boosters. These were estimated figures and independently verified data was not available for the period in which Sobell Medical Centre had been operating. The National expected coverage of vaccinations is 90%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Twenty five of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient commented that there was always room for better customer service but acknowledged the demands on the service.

We spoke with seven patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They highlighted that staff responded compassionately when they needed help and provided support when required.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals. Parents told us the staff were good with their children and were friendly and reassuring.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information was on display about the NHS Accessible Information Standard and inviting patients to let staff what their access needs were. The practice had also added a question about accessible information needs into the patient health check questionnaire. People using the practice website could translate the information there into other languages.
- The Choose and Book service was used with patients as appropriate. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 26 patients as carers, less than one percent of the practice list. The practice had identified a member of staff to act as a carers champion and had included a question about caring commitments in the patient health check questionnaire to raise the profile of carers' needs and to increase the number of identified carers. The provider told us spouses and family members often did not consider themselves to be carers. There was a carers information board in the reception area and the carers register was used to improve care for carers, for example by offering them annual flu vaccinations. Written information was also available to direct individual carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had experienced bereavement, their usual GP phoned them if they had been very involved with the patient's end of life care. Family members requiring support or advice would be seen straight away and given as much assistance as possible.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday evening until 8.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments, and telephone reminders for patients who needed them.
- There were accessible facilities, which included a hearing loop and lift, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- Staff had completed training on domestic violence in response to there being high reporting rates in the local population.

Access to the service

The practice's opening times were:

- 9.00am to 1.30pm and 3.00pm to 6.30pm on Monday, Tuesday, Wednesday and Friday.
- 9.00am to 1.30pm on Thursday.

- Extended hours opening times are 6.30pm to 8.15pm on Tuesday.

Patients were directed to an out of hours GP service outside these times.

Weekday evening and weekend appointments were available from the I:HUB service which is run by Islington GPs.

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

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although a few commented there may be few or no appointments left once they had got through to the practice in the morning. The practice kept its appointment booking system under constant review in an attempt to strike the right balance between same day and pre-bookable appointments. We saw on the day of our inspection that pre-bookable appointments were available the following day with each of the GP partners. Telephone consultations with a GP were available every day.

Triage clinics were available throughout the day: face to face with the practice nurse and by telephone with a GP. This enabled the practice to gather information to allow for an informed decision to be made on prioritisation according to clinical need, and to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system in the form of a complaints leaflet.

Sobell Medical Centre had not received any complaints in the six months since it had registered with the CQC.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice's values and ethos were well articulated and included continuity of care, holistic and compassionate attitude, safe and caring practice toward all patients, and provision of patient centred services. Staff knew and understood the values.
- The practice had a clear practice business plan, developed by the new GP partnership with the rest of the practice, which set out service developments going forward.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example there were GP clinical leads for older people; long term conditions; families, children and young people; and for mental health.
- Practice specific policies were implemented and were available to all staff. A system was in place to update and review them regularly.
- An understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit had been put in place to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, for example systems for routine equipment and premises checks and maintenance, and for dealing with significant events and complaints.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. The GPs regularly reviewed vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys. The PPG met regularly and worked with the practice to make improvements. For example the practice carried out a capacity and demand audit for two weeks in January 2017, to see if there were enough appointments available to meet demand. The results of the survey were discussed with the PPG, and members of the PPG told us the practice had been trying different ways to make try to make the service more accessible, although the overall number of appointments available seemed about right.
- The NHS Friends and Family test (FFT). The practice had not carried out an analysis of the results of the FFT since Sobell Medical Practice had been registered with CQC.

- Staff through staff meetings and discussion and the appraisal system. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example a system had been put in place so that they could clear a backlog of shredding and filing, and stay on top of this, by putting some time aside every day for this task. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example I:HUB which provided weekday evening and weekend access to a GP; providing integrated care to older people with the Integrated Community Aging Team in Islington (ICAT), and taking part in Islington CCG's Integrated Care Pioneer programme modelling ways of in extended health and care teams to provide care to patients closer to home.