

Dr Simon Edoman

Quality Report

The Medical Centre
140 Holloway Road
London N7 8DD

Tel: 020 7607 8259

Website: www.themedicalcentreislington.co.uk

Date of inspection visit: 3 November 2016

Date of publication: 24/02/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Simon Edoman	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 3 November 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 found it easy to make an appointment and there was good continuity of care, with urgent appointments available the same day.
- 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.

We noted an area of outstanding practice: -

The practice was currently the only one in the Islington and neighbouring CCGs which sees patients who had been removed from their previous GP's lists for threatening behaviour. These patients were seen outside normal surgery hours. The provider had up to eight patients who had been referred under a Directed Enhanced Service, commissioned originally by the Primary Care Trust. We saw positive comments from service commissioners, including the provider and staff being commended for their approach. It was stated that it

Summary of findings

was preferable for patients to remain with the practice, rather than returning to their original GPs, as the practice was able to offer the patients stability and continuity of care they would otherwise not receive.

However, there was an area of practice where the provider should make improvements:

- The practice should continue with plans to appoint a female GP to provide an appropriate and full healthcare service for female patients.

- It should continue to monitor the patient survey results relating to GP consultations and take appropriate steps should there be no significant improvement, compared with local and national averages.

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. These should be monitored.

Good



Summary of findings

- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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 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 partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, with home visits and longer appointments were available for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 84 patients currently on the register, and 81 had had their care plans reviewed.
- Data showed that 666 patients aged over-65 were prescribed ten or more medicines; of whom 521 (78%) had had an annual structured medication review in the half year since April 2016.
- Thirty-one patients identified as being at risk of developing dementia had received a cognition test or memory assessment in the year.

People with long term conditions

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

Good



- The practice's performance relating to patients with long term conditions was 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 85.14%, compared with the national average of 77.58%.
- The practice maintained a register of 294 patients with diabetes. Of these, 211 (71%) had had an annual foot check and 270 (92%) had had a retinal check.
- 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 88.84%, 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 94.38%, compared with the national average of 89.59%

Summary of findings

- All 27 patients on the heart failure register had had a medicines review.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- The practice worked closely with health visitors, to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and maintained a register of vulnerable children.
- Take up rates for standard childhood immunisations were above local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and of regular MDT meetings.

Good



Working age people (including those recently retired and students)

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

- 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 for patients unable to attend during normal working hours.
- Telephone consultations with GPs were available each day.
- The practice's uptake for the cervical screening programme 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, who could register at the practice address to receive healthcare-related correspondence.
- It maintained a learning disability register of 29 patients, of whom 26 (90%) had received an annual follow up in the half year since April 2016.
- Appointments for patients with learning disabilities were 30 minutes long.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 94.67%, 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 93.75%, 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

The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016. The results showed the practice was performing slightly below local and national averages. Three hundred and fifty-two survey forms were distributed and 93 were returned. This represented roughly 2% of the practice's list of approximately 4,700 patients.

- 72% 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%.
- 83% 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%.
- 64% of patients said they usually got to see or speak to their preferred GP, with the local average of 51% and the national average of 59%.
- 80% 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%.

- 71% 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 six comment cards, and spoke with four patients during the inspection, together with a member of the patient participation group (PPG). All the patient comments cards we received were very positive regarding the service, raising no issues of concern. The four patients we spoke with said they were very happy with the service, saying that staff were caring, friendly and attentive. Patients were given an opportunity to ask questions about their healthcare needs, but one said they had been rushed at a consultation.

The PPG member was positive about the practice's engagement with the group.

We saw there had been 34 recent responses by patients to the Friends and Family Test; all of which stated they would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue with plans to appoint a female GP to provide an appropriate and full healthcare service for female patients.
- It should continue to monitor the patient survey results relating to GP consultations and take appropriate steps should there be no significant improvement, compared with local and national averages.

Dr Simon Edoman

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a nurse specialist adviser.

Background to Dr Simon Edoman

Dr Simon Edoman's practice operates at The Medical Centre, 140 Holloway Road, Islington, London N7 8DD. The premises are owned by Dr Edoman and have good transport links nearby, being close to Holloway Road and Drayton Park stations.

The practice provides NHS services through a Personal Medical Services (GMS) contract to approximately 4,700 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 38 general practices. Dr Edoman ("the provider") 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 population of teenage children and working age patients, between 25 and 49, with fewer than average older patients aged over 54. The deprivation score for the practice population is in third "more deprived decile", indicating a higher than average deprivation level among the patient population.

The practice has a clinical team comprising the provider (working four clinical sessions and four administrative sessions per week) and two salaried male GPs (one working

eight clinical sessions and the other working four); a female nurse practitioner (five clinical sessions; one administrative), two female nurses (each working two clinical sessions); and a female health care assistant. The administrative team is made up of a practice manager, secretary, administrator and two receptionists. The health care assistant also spends some time on reception duty.

The practice reception operates the following hours -

Monday 9:00 am to 7:30 pm

Tuesday 8:00 am to 8:00 pm

Wednesday 9:00 am to 7:30 pm

Thursday 9:00 am to 8:00 pm

Friday 8:00 am to 7:30 pm

Clinical sessions operate between 9:00 am to 1:00 pm and 2:00 pm to 7:15 pm, Monday to Friday.

In addition, early morning appointments can be booked on Tuesday and Friday between 8:00 am and 9:00 am.

The consultations can be by booked appointment, while walk-in patients are triaged by the duty GP. Routine consultations are 10 minutes long, but longer appointments may be booked if patients have more than one issue to discuss. Home visits are available for patients who may be house bound, with requests being triaged by a GP or nurse. The GPs are also available for telephone consultations between 12:30 pm and 1:30 pm, Monday to Friday. Routine appointments may be booked online by patients who have previously registered to use the system. It can also be used to request repeat prescriptions.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. In addition, the CCG provides the "IHub" service, operating until 8:00 pm on weekdays and between 8:00 am and 8:00

Detailed findings

pm at weekends at three sites across the borough. Appointments can be booked by patients contacting their own general practice. There is also a walk in service available to all patients at three sites. Information about the out-of-hours provider, NHS 111 service and the IHub service is given on the practice website. It also gives the address of two nearby Accident and Emergency departments, together with contact details of the out of hours urgent dental service and local mental health services.

Why we carried out this inspection

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

The practice had not been inspected previously.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 November 2016. During our visit we:

- Spoke with a range of staff including the provider, the nurse practitioner, the practice manager and members of the administrative team. We also spoke with a CCG pharmacist, who works closely with the practice.

- Spoke with four 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 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 July 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 weekly clinical meetings, as well as full staff meetings, and were reviewed on an annual basis. We saw minutes of clinical meetings when significant events such as a death at home and a new cancer diagnosis had been discussed by the clinical team.
- The incident management process supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Guidance on information regarding the duty of candour was kept in the practice reception area.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been five issues that had been treated as significant events in the previous 12 months. We looked at the records of two incidents relating to the premises. In one case, the power was cut by utilities operatives working nearby. The practice's business continuity plan was reviewed and made available to all staff in an accessible area of the practice. In another instance the mechanical shutters broke down, preventing access for a morning. The practice obtained a manual tool for opening them, should the situation recur. By arrangement, the tool is kept at

neighbouring premises. Another incident, which we saw was recorded in staff meeting minutes, related to a locum GP having difficulty access computer records, which delayed patient consultations. The agreed action was for one of the administrative team to switch on and check the computer, so that any problems could be identified and addressed before the locum GP arrived.

Patient safety alerts, issued by the NHS Central Alerting System, and for example relating to particular medicines, were received by all clinical staff. The practice manager maintained a central record. We saw two recent examples of Medical Device Alerts on managing diabetes and Implantable cardioverter defibrillators. An MHRA drugs alert relating to Citalopram interaction with cocaine was discussed at a clinical meeting and a search was run of patients being prescribed the medication. We saw that the patients were contacted and asked to book an appointment for a review.

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. The provider was the named lead responsible for safeguarding adults and child protection issues. The practice protocols had last been reviewed in July 2016 and were accessible to all staff on the shared clinical computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Formal safeguarding meetings were held every six weeks; more frequently when concerns warranted it. We reviewed the minutes of several safeguarding meetings. 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 and practice manager were trained to level 3; the nurse practitioner, practice nurses and healthcare assistant to level 2; and the remaining staff to

Are services safe?

level 1. We saw that the practice manager maintained clear records of training provided to staff and was able to easily identify when refresher training was due, so that it could be arranged or booked in due time.

- 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 July 2016, was available to all staff on the practice computer system. Administrative staff who performed chaperone duties had received appropriate training in February 2016, and repeat Disclosure and Barring Service (DBS) checks had been carried out. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We interviewed several staff and discussed chaperoning. They had a clear understanding of issues and of their duties when acting as chaperones.
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy. The provider and practice manager led on infection prevention and control issues. 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 practice liaised with the local infection prevention teams to keep up to date with best practice. The infection prevention and control policy was reviewed and updated annually. We noted that the infection control audit was slightly overdue. We discussed this with staff and were sent evidence confirming that one had been carried out by the practice manager and nurses' team a few days after our inspection. We saw that disinfectant gel was available, with liquid soap, and hand washing guidance was provided by posters throughout the premises. Sink areas were uncluttered and taps were lever-operated. Clinical waste was disposed under an arrangement with a licensed contractor. Sharps bins were correctly assembled and were appropriately date-labelled. 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, but guidance notices

advising on procedures relating to sharps injuries were not posted in the treatment and consultation rooms. Disposable curtains were used in the treatment and consultation rooms and had a note affixed of when they had been put up and were due to be changed. The practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks and staff we spoke with were aware of the appropriate procedures to follow. All medical instruments were single-use. A record was maintained of the Hepatitis B immunisation status of all clinicians and frontline staff. General cleaning was done by the reception staff in accordance with written plans and schedules. Checklists and logs were maintained. There were written procedures relating to the cleaning of equipment such as the spirometer and nebuliser.

- The provider was lead for medicines management and the practice worked closely with the CCG pharmacy team; one of the CCG pharmacists attended on the day of our inspection. The practice benchmarked its prescribing using data provided by the CCG. There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. Vaccines fridge temperatures were monitored twice daily and recorded. The practice manager and nurse practitioner carried out weekly monitoring and recorded stocks of medicines and vaccines, including those for home visits. Re-ordering was done every two-to-four weeks to avoid a build-up of stock if it was unused for a significant period. All the medicines and vaccines we saw were within date and fit for use. Processes were in place for handling repeat prescriptions. Blank prescription forms and pads were maintained securely with a log kept of the serial numbers. We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) were in place in respect of the health care assistant administering medicines to named patients.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

Are services safe?

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Criminal Records Bureau or later by the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed. The health and safety fire safety policies had been reviewed in July 2016. Staff had up to date training in health and safety and fire awareness. Firefighting equipment had been inspected in September 2016; the fire alarm was checked weekly and the emergency lighting was checked monthly. An annual fire risk assessment had been carried out and there were annual fire drills, most recently in September 2016. The annual inspection and calibration of medical equipment had been carried out in August 2016. Annual PAT testing of electrical equipment had been done in December 2015. The five-yearly test of fixed wiring at the premises had been carried out in 2011. The gas supply to the premises was inspected and certified in August 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) (carried out in August 2016) and legionella - a particular bacterium which can contaminate water systems in buildings – which had been done in March 2016. Water temperature monitoring was done by staff on a monthly basis. 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 adult pads in date and the battery was charged ready for use. The practice did not have a supply of child pads, but staff agreed to obtain some forthwith. 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.

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 from minutes several examples of NICE guidelines being discussed at clinical meetings, including ones relating to Bronchitis in children and Diabetes (Type 1 and 2) in children and young people.
- 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 99.8% of the total number of points available being 5% above the CCG and 4.4% above the national average. The practice's exception rate was 6.1%, compared with the CCG average of 11.4% and the national average of

9.8%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines 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 performance for diabetes related indicators was 99.3%, being 10.9% above the CCG average and 9.5% above the national average.
- The 100% performance for hypertension related indicators was 3.9% above the CCG average and 2.7% above the national average.
- The 100% performance for chronic obstructive pulmonary disease was 4.2% above the CCG average and 4.1% above the national average.
- The 100% performance for mental health related indicators was 8.5% above the CCG Average, and 7.2% above the national average.

There was evidence of quality improvement including clinical audit to highlight where improvements made could be monitored. They included ones that had been initiated by the practice, as well as a number by the local CCG, following guidelines issued by NICE and the Medicines and Healthcare products Regulatory Agency. There had been 13 clinical audits carried out in the last two years. Of these, three were completed-cycle or ongoing repeat audits. We looked at the results of a completed cycle audit relating to 31 patients aged over-70 years, being prescribed Gliclazide. This is a medication used to treat Type 2 Diabetes, when dietary changes, exercise, and weight loss are not sufficient to manage the condition. The audit was conducted in June and September 2016 and involved testing to establish the patients' blood sugar levels. As a result, 17 patients were identified for reviews. When the audit was repeated, the results showed that the practice had been able to change the dosage in respect of two patients and stop the medication for 10 patients; prescribing was stopped for two more patients, and then reinstated; three patients had not attended for their reviews. The audit included an action plan to ensure patients' records were clear and up to date; for the monitoring of the patient group to continue; and for the audit to be repeated every six months.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction policy, which had been reviewed in April 2016. There was an induction programme for all newly appointed staff, which included them completing all mandatory training. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and was monitored by the senior manager.
- The provider maintained a list of regular locums who were familiar with the practice and its processes. The practice made occasional use of locum GPs, specifically seeking female locums when they were available. We saw there was a quick reference pack, providing locums with necessary local information. The practice used the Map of Medicine, which locums could access and which set out guidance on local procedures and patient care pathways.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example diabetes and mental health care, safeguarding and infection control.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, and information governance. Staff had access to and made use of a range of e-learning training modules and in-house and external training.
- The practice manager maintained various spreadsheets to plan staffing arrangements for clinical and non-clinical staff, to ensure there were sufficient staff numbers available.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw examples on various patients' records which we reviewed with the provider. These included a patient's detailed personalised care plan which set out a brief medical history, medication, action points to manage general health, and contact details for local health care providers.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. 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. Ad hoc meetings were held in appropriate cases. Minutes of the meetings were distributed to all GPs.

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. 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.

Are services effective?

(for example, treatment is effective)

- 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 812 patients aged over-16 years and had offered a smoking cessation clinic appointment to 683 (84%) of them. The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months (01/04/2015 to 31/03/2016) was 98.15%, compared with the national average of 94.96%.

The practice's uptake for the cervical screening programme 81.79% 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.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 95%, achieving three of the four target indicators and were above national averages. Immunisations rates for five year olds ranged from 87% to 97%, being above local and national 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 2,527 patients (90% of those eligible) had had their blood pressure checked. The practice also carried out NHS Health Checks on 358 patients, being 38% 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.

All six of the patient comments cards we received were positive regarding the practice providing a caring service. One mentioned that English was an additional language for them and that staff were very patient and understanding with them. We spoke with four patients and a member of the patient participation group. Their views aligned with the comments cards we received.

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

- 82% 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%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 95% 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%.
- 77% 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%.
- 87% 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%.
- 89% said they found the receptionists at the practice helpful, compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Most also told us they felt listened to and supported by staff, and generally had sufficient time during consultations to make an informed decision about the choice of treatment available to them. 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 mixed. Those relating to GPs were lower than local and national averages, while for the nurses the results were above average. For example -

- 68% 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%.
- 65% 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%.
- 95% of patients had confidence and trust in the last GP they saw or spoke to, compared with the CCG average of 94% and the national average of 95%.
- 87% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments, compared with the CCG average of 84% and the national average of 90%.
- 84% 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%.
- 100% of patients had confidence and trust in the last nurse they saw or spoke to, compared with the CCG average of 94% and the national average of 97%.

We discussed the results with the provider and practice manager. The practice had reviewed the results and drawn up an action plan to address some patients' perception of their consultations with GPs. It was noted that the survey results had been collected at a time when the practice was making more use of locum GPs. It was the practice's view that this tended to effect results adversely. A new salaried GP had had since been appointed to work full time and the practice anticipated that results would improve as a

Are services caring?

consequence, but it should continue to monitor the patient survey results and take appropriate steps should there be no significant improvement, compared with local and national averages.

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. Additional languages spoken by staff included Spanish and Arabic.

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 104 patients as carers, being approximately 2.2% 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 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 lunchtime for working patients.
- There were disabled facilities and the consultation rooms in use had step-free access. The practice had an induction loop to assist patients with a hearing impairment.
- There were baby-changing and breast feeding facilities available.
- An interpreting service was available to assist patients for whom English was an additional language.
- Appointments could be booked, and repeat prescription requested, online.

Access to the service

The practice reception operates the following hours -

Monday 9:00 am to 7:30 pm

Tuesday 8:00 am to 8:00 pm

Wednesday 9:00 am to 7:30 pm

Thursday 9:00 am to 8:00 pm

Friday 8:00 am to 7:30 pm

Clinical sessions operate between 9:00 am to 1:00 pm and 2:00 pm to 7:15 pm, Monday to Friday.

In addition, early morning appointments can be booked on Tuesday and Friday between 8:00 am and 9:00 am.

The consultations could be by booked appointment, while walk-in patients were triaged by the duty GP. Routine consultations were 10 minutes long, but longer appointments could be booked if patients had more than one issue to discuss. Home visits were available for patients who were house bound, with requests being triaged by a GP or nurse. The GPs were also available for telephone consultations between 12:30 pm and 1:30 pm, Monday to Friday. Routine appointments could be booked online by patients who had previously registered to use the system. It could also be used to request repeat prescriptions.

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

We noted that results from the GP patients survey regarding access to the service were generally comparable with local and national averages, for example:

- 72% 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%.
- 83% 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%.
- 94% say the last appointment they got was convenient compared to the CCG average of 86% and the national average of 92%.
- 69% describe their experience of making an appointment as good compared to the CCG average of 69% and the national average of 73%.
- 64% usually get to see or speak to their preferred GP compared to the CCG average of 51% and the national average of 59%.
- 64% 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%.
- 51% 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%.

Are services responsive to people's needs?

(for example, to feedback?)

The premises were owned by the provider and were compliant with relevant disabilities legislation. They had previously been retail premises and scope for remodelling was limited. There were two GP's consulting rooms, one for the practice nurses and one used by the health visitor. Two rooms were accessible on the ground floor to patients with mobility problems. The practice had an induction loop to assist patients with a hearing impairment. Following patient feedback regarding confidentiality issues, the reception area had been refurbished, moving the reception window further from the seating area.

Other patient feedback related to the lack of a female GP at the practice. The provider told us that limited space at the premises for an extra consultation room had prevented this from being addressed, but the appointment of a female GP was an objective for the coming year. In the meantime, the practice used female locum GPs as often as possible.

The practice was currently the only one in the Islington and in the four neighbouring CCGs which sees patients who had been removed from their previous GP's list for threatening behaviour. This was a Directed Enhanced Service, commissioned originally by the Primary Care Trust, under which the practice could offer the patients continuity of care they would otherwise not receive. At the time of the inspection there were eight such patients. Each patient's appointment was 30 minutes, allowing for discussion and review of often complex healthcare issues. We saw positive comments from service commissioners, including the provider and staff being commended for their approach, and stating that it was preferable for patients to remain with the practice rather than returning to their original GPs. The provider saw the patients between 1.00 pm and 2.00 pm, one day a week, outside the normal surgery hours,

thus preventing any risk to other patients. Should the patients wish to attend on other days, for example for emergency appointments, their visit was suitably risk assessed and the appointment timed appropriately.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Complaints were acknowledged in writing within three days, with a full response being provided within ten.
- The practice manager was the designated responsible person, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and a complaints leaflet available both at the practice and on its website. Details were provided of organisations offering support to patients with complaints.

We saw that 10 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. The complaints were closely monitored, being a standing agenda item for both clinical and staff meetings and they were reviewed on an annual basis. We saw two examples discussed at a full staff meeting. These related to reception staff over appointments issues, test results and communication. Learning points, such as ensuring the patients were identified, scanning correspondence onto the practice records system and passing on patients' concerns and improving communication skills were recorded and passed to all staff, including those unable to attend the meeting.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- To provide high quality care to our patients
- To focus on prevention of disease by promoting healthy living
- To understand and meet the needs of our patients, involve them in decision making about their treatment
- To involve other professionals in the care of our patients where it is the patients best interests, i.e. referrals for specialist care and advice.
- To ensure that all members of the team have the right skills and training to carry out their duties competently.

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

Governance arrangements

The 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, producing action plans where the need for improvements was identified.
- The practice checked and responded to reviews left by patients on the NHS Choices website.
- A programme of clinical audits relating to prevalent health issues was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The provider and practice manager 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. Staff told us that the provider and practice manager were approachable and always took the time to listen to all members of the practice team.

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 team, the nursing team, admin / reception and whole staff meetings.
- Complaints and significant events were standing agenda items at clinical and staff meetings and were reviewed annually.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. They were involved in discussions about how to run and develop the practice. The provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice. All the staff we spoke with commented on the close team-working culture and support they got from the provider and their colleagues.

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

Are services well-led?

Good 

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

The provider encouraged and valued feedback from patients, the public and staff. The practice website had a facility to submit comments and suggestions 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 gathered feedback from patients through the patient participation group (PPG). We spoke with a PPG member who was positive regarding the practice's engagement with the group. The PPG and practice were working on enlarging the group, extending the patient mix and setting up more frequent meetings; currently there were two meeting a year. We saw the minutes of the last meeting, in June 2016, attended by four patients. In addition, there was a "virtual PPG" of 12 patients, who maintained contact with the practice by email. The practice also encouraged patients' involvement in the pan-Islington PPG, allowing feedback on issues relating to the Islington CCG as a whole.

The practice had gathered feedback from staff through staff meetings, 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff told us of support provided by the practice in relation to personal training needs. For example, staff had protected learning time to support their professional development. The practice had arranged for one of the receptionists, who expressed an interest, to be trained as a health care assistant, and it was supporting the practice manager who was currently working towards a leadership diploma. Staff attended various educational events arranged by the CCG.

The practice was one of a few participating in the CCG's Diabetes Prevention Programme pilot scheme.